TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA

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I hereby declare that the thesis entitled "**TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA"** submitted towards partial fulfillment of the requirements for the award of **MD in General Medicine** degree to BFUHS is a compilation of original work carried out by me under the supervision of **Dr. Vandana Midha**, Professor, Department of Medicine, **Dr. Ajit Sood**, Professor & Head, Department of Gastroenterology & **Dr. Ramit Mahajan,** Associate Professor, Department of Gastroenterology. No part of this thesis has formed the basis for the award of any degree previously.

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Dedicated

to

my Family

&

Teachers

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Dr. Ankita Bansal…

LIST OF ABBREVIATIONS

AFP	Alphafetoprotein
ALT	Alanine transaminase
APHE	Arterial phase hyperenhancement
AST	Aspartate transaminase
BCLC	Barcelona clinic liver cancer
BMI	Body mass index
BCS	Budd chiari Syndrome
CEUS	Contrast enhanced ultrasound
CLD	Chronic liver disease
CLIP	Cancer of the liver Italian program
CLT	Cadaveric liver transplantation
CPG	Clinical Practice Guidelines
CT	Computerised tomography
cTACE	Conventional TACE
CTLA-4	Cytotoxic T-lymphocyte-associated protein 4
CTP	Child turgotte pugh
DCP AFP-L3	Des-gamma carboxyprothrombin lectin-bound AFP
DEB-TACE	Drug eluting bead TACE
DNA	Deoxyribonucleic acid
EASL –EORTC	European association for the study of liver, European organization for research and treatment of cancer
ECOG PS	Eastern cooperative oncology group performance status
Flt3	Fms-like tyrosine kinase 3
FNAC	Fine needle aspiration cytology
GAVE	Gastric antral vascular ectasia
HBV	Hepatitis B virus
HCC	Hepatocellular carcinoma
HCV	Hepatits C virus
HE	Hepatic encephalopathy

HTN	Hypertension
HV	Hepatic vein
HVPG	Hepatic venous pressure gradient
INASL	Indian association for the study of the liver
IRE	Irreversible electroporation
IVC	Inferior vena cava
LDLT	Living donor liver transplantation
LT	Liver transplantation
MAP-ERK pathway	Microtubule associated protein-extracellular signal regulated kinases pathway
MRI	Magnetic resonance imaging
MWA	Micowave ablation
NASH	Non-alcoholic steatohepatitis
NAFLD	Non-alcoholic fatty liver disease
OS	Overall survival
PD-1/ PD-L1 receptors	Programmed cell death protein 1/programmed death-ligand1
PDGFR	Plateletderived growth factor receptor
PHG	Portal hypertensive gastropathy
PIVKA	Protein induced by vitamin k deficiency
PV	Portal vein
PVTT	Portal vein tumour thrombosis
RFA	Radiofrequency ablation
SMV	Superior mesenteric vein
SVR	Sustained virological response
TACE	Transarterial chemoembolization
TAE	Transarterialembolisation
TNM stage	Tumour, nodes, metastasis
TYPE2 DM	Type 2 diabetes mellitus
USG	Ultrasonography
VEGFR2	Vascular endothelial growth factor receptor

ABSTRACT

Introduction: Hepatocellular carcinoma (HCC) is a major health problem and a major cause of cancer mortality in all parts of the world. Despite being the sixth most common cancer in the world, it is the third leading cause of cancer related deaths in the world.HCC accounts for approximately 6% of all human cancers.It is one of the few neoplasms whose incidence and mortality rates have been steadily increasing.

Aim of study: To study the etiology, clinical presentations ,treatment modalities and their outcomes in patients of hepatocellular carcinoma.

Methods: A total of 150 HCC cases based on EASL criteria, visiting in outpatient/inpatient departments of Medicine, Gastroenterology and Oncology in the time period between January 2020 to March 2021 were enrolled. BCLC staging was applied and survival period for 3 months after the treatment offered was studied.

Results: Most of the patients belonged to the age group 51- 69years and mean age was 60.33years.Male preponderance was seen with male to female ratio of 7.3:1. The commonest symptoms observed were abdominal pain/discomfort in 117 (78%), abdominal swelling/distension in 85 (56.7%) and generalized body weakness in 84 (56%) cases Nearly two third cases [106(70.7%)] had serum AFP in the range of 20-400ng/ml .All patients had radiological evidence of cirrhosis. HCV infection was the most common etiological factor and was detected in 58(38.6%) cases, followed by alcohol in 53(35.3%) cases and NASH in 33(22%) cases. HBV infection was seen in 16(10.6%) cases. Dual infection of HBV and HCV was seen in 2(1.3%) cases Radiologically, most (68.7%) of the HCC lesions were heterogeneous in appearance, involving right lobe in more than half (58.7%) of cases and single lesion was most common presentation in 71 (47.3%) cases. Patients were treated according to BCLC staging in accordance to EASL guidelines. Radiological interventions (RFA, MWA, TACE, dual) were done in37(24.6%)cases ,medical therapy was offered to 66(44.6%)cases, while 47(31.3%)HCC cases were managed with best supportive care.

Conclusion: Majority of HCC patients were males, with a peak prevalence in fifth and sixth decades of life. All patients were cirrhotic, with HCV and alcohol being the major risk factors for development of HCC. The majority of patients were symptomatic and in advanced BCLC stages at presentation. 37(24.6%),66(44.6%) and 47(31.3%) patients were offered radiological, medical and conservative treatment, respectively. Three month survival rates associated with radiological, medical and conservative protocols were 100%, 100% and 2.1% respectively.

Keywords: Clinical profile, Outcome, Hepatocellular carcinoma

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INTRODUCTION

Hepatocellular carcinoma (HCC) is a major health problem and a major cause of cancer mortality in all parts of the world. In most of the countries, HCC accounts for majority (70-90%) of the cases of primary liver cancer.[1] Despite being the sixth most common cancer in the world, it is the third leading cause of cancer related deaths in the world.[2-4] It accounts for approximately 6% of all human cancers.[5]

HCC is typically diagnosed late in its course, with a median survival following diagnosis of approximately 6 to 20 months [6]. Unlike breast and lung cancer, the incidence and mortality rates of HCC have been steadily increasing.[7]

The epidemiology and clinical profile of HCC varies worldwide and data from the developing countries (Asian and American economies) is limited. The incidence of HCC ranges from 4cases per 100,000 population in US to 150cases per 100,000 population in parts of Africa and Asia.[4,8] According to the age-adjusted HCC incidence per 100 000 population per annum, different geographic regions can be divided into three incidence zones: low (<5), intermediate (between 5 and 15), high (>15).[9] Most Asian countries are in intermediate or high incidence zones of HCC.

In India, the mean incidence of HCC in four population-based registries is 2.77% for males and 1.38% for females and the prevalence of HCC in India varies between 0.2% to 1.6%.[10,11] HCC occurs more often in males than in females, in the ratio of 2.4 : 1. HCC has an average five-year survival of < 15% as reported by El-serag et al.[12]

The etiological profile of HCC is quite heterogeneous,depending largely on the prevalence of underlying risk factors in the general population in different geographical area. The commonest risk factors for development of HCC are chronic hepatitis B infection, chronic hepatitis C infection, alcoholic cirrhosis, autoimmune hepatitis, nonalcoholic fatty liver disease, while hereditary hemochromatosis, primary biliary

cirrhosis, wilson‘s disease, drug induced, storage disorders, alpha-1 antitrypsin deficiency etc.are relatively uncommon. In areas with high incidence of HCC such as East Asia and sub-Saharan Africa, more than 80% of HCC patients were seropositive for hepatitis B surface antigen (HBsAg).[13] In areas with low incidence of HCC, like Japan, Europe, and North America, chronic hepatitis C infection is more commonly associated with HCC and is largely responsible for the increase in incidence of HCC in the last several decades.[13,14] According to data[15] reported in India, the incidence of HCC can be expected to increase in coming years due to rising prevalence of two major risk factors for HCC,chronic hepatitis C (1-1.9%)and active hepatitis B (~2.4%). The transmission of HCV is mainly caused by infected blood products.Other risk factors for HCV transmission are intravenous use of illicit drugs,transplantation of HCV contaminated organs and hemodialysis.

In 2017, govt. of Punjab conducted a population based registry [16] in which liver cancer accounted for 1.42% of all cancers in males and 0.96% of all cancers in females.

HCC can have a varied presentation from symptomatic to an incidental detection. While most of the asymptomatic patients are diagnosed during surveillance in patients with cirrhosis, those who are symptomatic usually present with right hypochondrial pain, weight loss, generalized weakness, abdominal swelling, jaundice and loss of appetite. Examination findings are nonspecific too, and include tender hepatomegaly, ascites, hepatic bruit, wasting and/or peripheral signs of hepatocellular failure.

Surveillance for HCC is advised for all patients with cirrhosis. When diagnosed early, a wide range of therapeutic options are available for patients with HCC. Screening for HCC is done by ultrasonography and AFP every 6 months [15] and if a suspicious SOL is found, the diagnosis can be confirmed by either a triphasic CT or MRI and/or histology.

Various tumour markers such as AFP, Des-gamma-carboxyprothrombin/protein induced by vitamin k deficiency (PIVKA) and alpha-L-fucosidase can be used to support the diagnosis.

Treatment of HCC depend on several factors of tumour size, number of nodules, CTP score, tumour staging etc. and modalities used are surgical resection, radiofrequency ablation, embolization of tumor with yttrium, chemotherapy etc.

HCC is a major cause of mortality in patients with chronic liver disease.[2] However, the studies performed on the epidemiology of HCC in North India are limited. Moresoever, HCC also possess multiple challenges in diagnosis and treatment despite advances in diagnostic, surgical and other therapeutic advancements.Also there is paucity of published literature on the clinico-etiological profile of HCC patients in North India, making formulation of a proper health strategy difficult.

Therefore there was a need for further research to explore the various data on HCC. Thus the present study was designed to analyze the clinical presentation, etiological profile and tumor characteristics of patients presenting to Dayanand Medical College and Hospital diagnosed with HCC and assessing the short term outcome in these patients.

AIMS AND OBJECTIVES

- To study the etiology of hepatocellular carcinoma.
- To study clinical presentations of hepatocellular carcinoma.
- To study the treatment modalities and their outcomes in patients of hepatocellular carcinoma.

REVIEW OF LITERATURE

Hepatocellular carcinoma (HCC) is a major cause of morbidity and mortality in all parts of the world. HCC accounts for approximately 6% of all human cancers.[5] Hepatocellular carcinoma (HCC) is the most common primary malignancy of the liver. It is the fifth most common cancer in men, worldwide, and seventh among women, with over half a million new cases diagnosed annually worldwide.[17]

EPIDEMIOLOGY

The epidemiology and clinical profile of HCC varies worldwide and datafrom the developing countries (Asian and American economies) is limited. The incidence of HCC ranges from 4cases per 100,000 population in US(united states) to 150cases per 100,000 population in parts of Africa and Asia.[5,8]The disease burden is highest in areas with endemic HBV infection (where HBsAg prevalence is 8% or more), such as in sub-Saharan Africa and Eastern Asia, with incidence rates of over 20 per 100,000 individuals. Mediterranean countries such as Italy, Spain, and Greece have intermediate incidence rates of 10-20 per 100,000 individuals, while North and South America have a relatively low incidence (< 5 per 100,000 individuals).[17]Hepatocellular carcinoma rarely occurs before the age of 40 years and reaches a peak at approximately 70 years of age. Rates of liver cancer among men are two to four times as high as the rates among women.[12]Overall, the prevalence of HCC in India varies from 0.2% to 1.6%.[10,18]

RISK FACTORS

Multiple risk factors for the development of HCC have been identified, and a common characteristic among many of them is injury to the liver parenchyma resulting in cirrhosis. Risk factors for HCC corroborated in Indian studies are cirrhosis, hepatitis B infection, hepatitis C infection,alcohol consumption, smoking,diabetes, non-alcoholic fatty liver disease and age[19,20]. In a study conducted from September2007 to August 2010 in Punjab, Sood et al[21]reported underlying cirrhosis to be present in 99.2% cases. Hepatitis C virus infection, alone (21.9%) or

with alcohol22.9%) was the most common etiological factor, followed by alcohol alone; 33.6% of the patients had more than one etiological factor.HCV infection prevalence is high in Punjab. Sood et al[22] reported overall anti-HCV prevalence of 3.6% in cross sectional study conducted over 5,543 individuals in Punjab from October 2013 to April 2014. Tsukuma et al[23] in their study found sevenfold increased risk of liver cancer in patients with hepatitis B surface antigen and fourfold in patients with hepatitis C antibody.

The hepatotoxic effect of alcohol is dose dependent and cirrhosis[24] appeared to be the basis for ethanol associated cases of HCC. In addition, a synergism between alcohol drinking and either infection is found, with a twofold increase in the odds ratio for each hepatitis virus infection for drinkers of >60 g per day as reported by Donato et al.[24]

Chronic hepatitis B is the predominant risk factor for HCC. Nguyen et al[25] reported that more than 50% of HCC cases worldwide and 70-80% of HCC cases in highly HBV endemic regions are attributable to HBV. In endemic areas, vertical transmission to neonates at birth is the predominant mode of infection. Whereas, the most common routes of HBV infection in regions with low prevalence of HCC, such as United States,are sexual contact and intravenous drug use. [25]

Huang et al [26] reported that the incidence of nonalcoholic steatohepatitis (NASH) can increase by up to 56% in the next 10 years. NAFLD is fastest growing cause of hepatocellular carcinoma (HCC) in the USA, France and the UK. It is due to growing epidemic of obesity, insulin resistance, metabolic syndrome.

HCC is less common in cirrhosis associated with alpha1 antitrypsin deficiency, autoimmune hepatitis, Wilson disease and cholestatic disorders. Overall there is lack of significant data on HCC as reported by Desai et al[27]that arises in non-cirrhotic liver.Noncirrhotic causes include metabolic diseases, androgenic steroids,smoking, aflatoxin, underlying Hepatic adenoma.

CLINICAL FEATURES

Clinical profile is very variable.The median age of presentation in India is 52 yrs with male to female ratio 2.5:1.[19]Patients with HCC are unaware of its presence until the tumour reaches an advanced stage. Nandennavar et al[28] have reported abdominal pain or discomfort as the dominating symptom in 77% of the patients studied, followed by abdominal distension (37.5%) and loss of apetite and/or loss of weight (33.3%). Paraneoplastic manifestations of HCC are hypercalcemia, hypoglycemia, polycythemia, osteoporosis, thyrotoxicosis, polymyositis, neuropathy, hypertrophic osteoarthropathy. Most important of these is type B hypoglycemia seen mostly in less than 5 % of patients. Luo [29] in their study found the presence of paraneoplastic syndromes in HCC patients to be an unfavorable prognostic factor, excluding the occurrence of erythrocytosis.The median survival from the occurrence of paraneoplastic manifestation to death was 36 days. Patients with different paraneoplastic syndromes had similar clinical characteristics in Child-Pugh's score, serum alpha-fetoprotein level, tumor volume, prevalence of main portal vein tumor thrombosis, and accessibility for active treatment upon diagnosis. However, erythrocytosis and hypercholesterolemia developed usually earlier in the clinical course, whilst hypoglycemia and hypercalcemia were usually terminal events.

DIAGNOSIS

Most of the HCC cases in India are diagnosed at advanced stage, in contrast to the West, where majority of HCC are diagnosed at early stage during routine surveillance, as reported by Sharma et al[30] and Bruix et al [31].HCC screening aims to identify early HCC that may be amenable to aggressive treatment and improved survival. Biannual screening reduces HCC mortality by 37% as reported by Zhang et al[32]. A retrospective cohort-control study was conducted at two liver clinics in India by Kohli et al[15] to describe the effect of surveillance of HCC .The medical records of 3,258 patients who received surveillance

for HCC were reviewed and sixty four cirrhotic patients diagnosed with HCC without a history of surveillance were included. Study concluded that surveillance program led to detection of HCC at earlier stages and had potential to improve survival. This study also support the efficacy of ultrasound and AFP testing as an HCC surveillance strategy to detect early stage disease in a South Asian population.

EASL –EORTC Clinical Practice Guidelines (CPG) [33] on the management of HCC define the use of surveillance, diagnosis and therapeutic strategies for patients with HCC. Diagnostic criteria proposed by this consensus is shown in the following table 1.

TABLE 1: EASL CONSENSUS DIAGNOSTIC CRITERIA FOR HCC

Cyto-histological criteria
Radiological criteria:two coincident imaging techniques
Focal lesion more than 2 cm with arterial hypervascularisation
Combined criteria;one imaging technique associated with elevated serum AFP levels
Focal lesion more than 2cm with arterial hypervascularisation
Noninvasive criteria (restricted to patients with cirrhosis)
AFP levels more than 400ng/ml

Imaging modalities-according to INASL guidelines 2019[34] ,imaging modalities of a dynamic (tri-phasic or four-phasic) computed tomography (CT) or magnetic resonance imaging (MRI) scan are first line diagnostic tools for nodule size more than 1cm, found in cirrhotic liver during surveillance or random USG. HCC depicts a typical vascular pattern on dynamic CT or MRI in form of arterial enhancement (wash-in), and hypodensity or hyposignal intensity (wash-out) in the venous phase as compared to surrounding liver. This typical pattern has a sensitivity of around 60% with a 96–100% specificity for HCC[35] If the typical pattern of nodular lesions is not found on imaging ,then repeat dynamic scan (CT or MRI) should be done and if on second

scan also, typical pattern of HCC is not found in the setting of CLD, then histological confirmation for diagnosis of HCC is required. For nodule size <1 cm, a 3-monthly follow-up is recommended for 1 year using USG and on follow up ,if there is any change in pattern or size of nodule, dynamic CT/dynamic MRI should be done. Positron emission tomography (PET) using 18F-fluorodeoxyglucose (18F-FDG) is widely used for assessing a variety of malignancies and, however, has poor sensitivity in the evaluation of HCC.[36] There is no significant role of 18F-FDG PET/CT in diagnosis of HCC except for detection of distant metastases.

Tissue diagnosis –It is indicated when imaging and other findings are equivocal or not typical of HCC or in case of suspected HCC with smaller size≤ 2 cm. In larger lesions tissue diagnosis may be indicated for non-cirrhotic liver disease. Histopathological parameters predicting prognosis are tumor number, size, cell differentiation and grade, presence of satellite nodules and pTNM stage.[37] At least 2 needle core biopsies are needed as FNAC may not yield sufficient material for immunohistochemistry unless cell-blocks are prepared. The incidence of needle-tract seeding varies in the literature between 0% and 7.69%, with a median of 2.7%.[38,39]

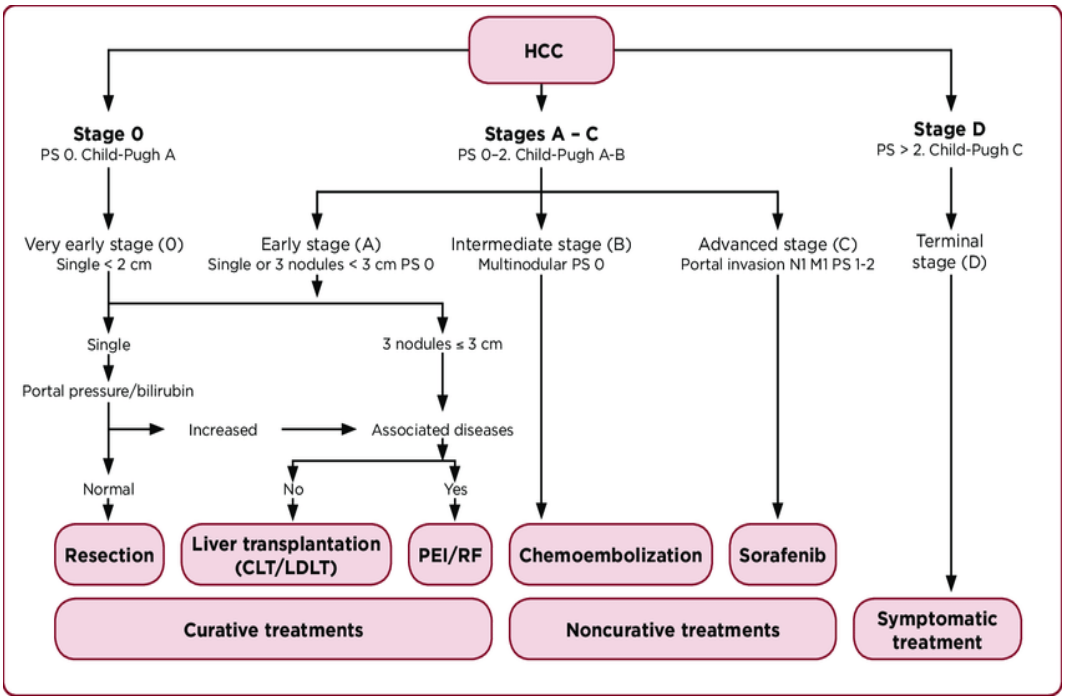
Tumour markers- Estimation of serum AFP remains a useful test for management of patients with HCC. With the conventional cut-off point of 500 ng/mL, AFP has a sensitivity of about 50% and a specificity of more than 90% in detecting the presence of HCC in a patient with liver disease.[40] However, AFP alone is not recommended either in surveillance or diagnosis of HCC.[34] Serum AFP also estimates the response to therapy of HCC. In a study, it was found that changes in serum AFP might be more accurate and sensitive way of monitoring the response to treatment of HCC than imaging procedures used commonly.[40] High levels of tumor markers are associated with worse prognosis in HCC patients.[41,42] False positive AFP levels can occur in spina bifida, umbilical hernia, benign liver disease, nonseminomatous

germ cell tumors. Des-gamma carboxy-prothrombin (DCP) lectin-bound AFP (AFP-L3%) and PIVKA-II are other tumour markers used for HCC. Kudo et al[43] in their study reported that AFP was more sensitive than DCP and AFP-L3% for t diagnosis of HCC at a new cutoff of 10.9 ng/mL Combining PIVKA-II with AFP, the sensitivity and specificity of HCC diagnosis can improve to 94% and 98%, respectively.[43,44]PIVKA-II alone or in combination with AFP and/or AFP-L3 is found to be effective in predicting the treatment response of hepatectomy, LT, loco-regional therapy, systemic therapy, and radiotherapy.[43,44]

TREATMENT

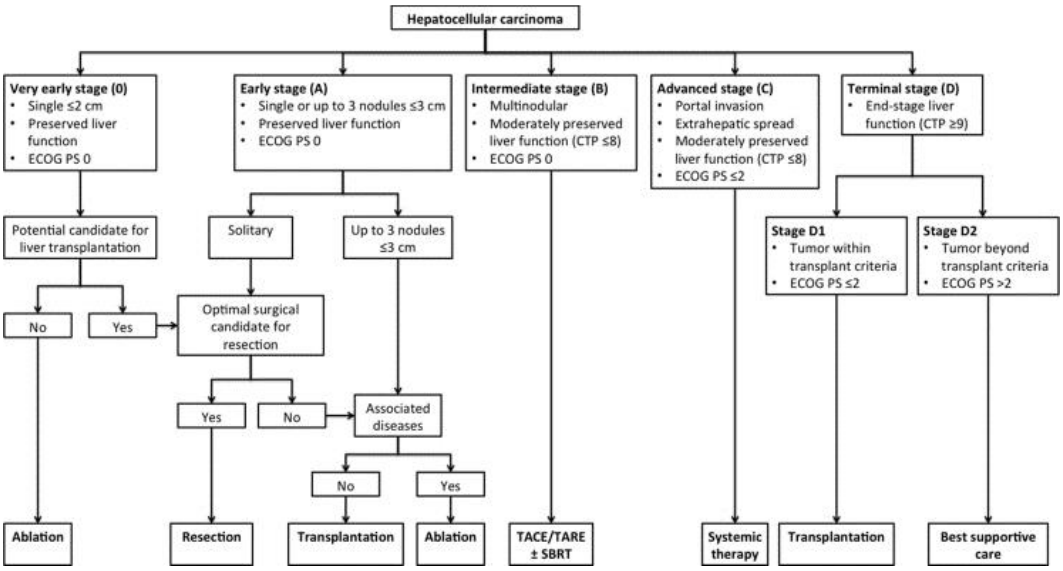
Staging system–As tumor prognosis is usually related to tumor size at presentation, therefore tumor staging is helpful in deciding treatment for HCC. Various staging systems can be used for HCC staging- TNM or OKUDA. BCLC staging(Figure 1) has recently been validated according to study reported by Cillo et al[45] as the best staging system. BCLC staging system includes patient performance status, Child-Pugh score, number and size of nodules, portal vein invasion and distant metastasis.

FIGURE 1: BCLC STAGING AND THERAPEUTIC STRATEGY



INASL had modified BLCL staging[34] (Figure 2).One of the most important modifications proposed was that patients with end stage liver cirrhosis but with tumor size within Milan criteria and PS ≤ 2 should be considered for LT. Another modification proposed was stage migration[34] that refers to patients who initially would be treated with the modality corresponding to their BCLC stage, but needs further or another treatment due to coexisting comorbidity, technical issue, or even treatment failure/progression. These patients are then given a treatment that corresponds to higher BCLC stage.[46] For example, for BCLC stage A patients failing local ablation TACE is offered. BCLC stage B patient not responding to at least 2 cycles of TACE are started on sorafenib therapy.

FIGURE 2: INASL MODIFIED BCLC STAGING



1)Treatment options for very early(BCLC stage 0) and early HCC(BCLC stage A) -A)Liver resection-According to INASL guidelines [34] indications of liver resection are (i) noncirrhotic HCC, provided an R0 resection can be carried out and leaving an adequate liver remnant (ii)resectable solitary HCC in cirrhotic liver in patients with no clinically relevant portal hypertension([HVPG] ≤ 10 mmHg and platelet count ≥100,000), good liver function, and adequate liver remnant, when ablation is not possible for tumors≤ 2 cm(BCLC-0) or as an alternative to LT for tumors >2 cm in size. Hasegawa et al[47] in their study reported that surgical resection results in longer overall survival and time to recurrence than either RFA or PEI in patients with HCC.

B)Ablative therapies- Image-guided percutaneous ablation is regarded as one of the most common and effective treatment modalities for very early and early HCC(BCLC stage 0,A).It is minimally invasive and repeatable also in case of recurrence. It includes percutaneous ethanol injection (PEI) microwave ablation (MWA), radiofrequency ablation (RFA), irreversible electroporation (IRE),and cryoablation. Out of all ablative modalities, RFA is the preferred modality for HCC and has now replaced PEI as the most frequently

used ablative therapy.RFA is superior to ethanol injection, in terms of better survival, local control of the disease, fewer treatment sessions needed to complete treatment, and reduced local tumor recurrence rate.[48,49] RFA can also be combined with PEI for better results.[46] New-generation MWA can create a larger ablation volume in a shorter time period. One meta-analysis discovered similar efficacy between RFA and MWA with an apparent superiority of MWA in larger neoplasms.[50] Livrahgi et al[51] concluded that RFA can be considered the treatment of choice for patients with single HCC < 2.0 cm, even when surgical resection is possible. The main drawback of RFA is its higher cost and higher rate of adverse events e.g. pleural effusion, peritoneal bleeding.

C) Liver transplantation (LT) - has been accepted worldwide as the most effective treatment modality for patients with HCC.[34] As majority of the HCC arise from cirrhotic liver and in presence of impaired liver function, curative therapies such as resection or tumor ablation are not very suitable options. LT is thought to be an ideal treatment for these cirrhotic patients with HCC as it removes the tumor with the largest possible margin and replaces it with a noncirrhotic liver.[52] Milan criteria (single tumor ≤5 cm or multiple tumors ≤3 nodules ≤3 cm in size, without vascular invasion) and UCSF criteria (single nodule ≤6.5 cm or 2–3 nodules ≤4.5 cm and total tumor diameter ≤8 cm) are commonly used for selection of candidates for LT.

2) Treatment options for intermediate HCC(BCLC stage B)- For the treatment of HCC classified as intermediate stage according to the BCLC staging system (stage B), lipiodol TACE (also known as conventional TACE, cTACE) is recommended as the standard of care.[34]TACE combines conventional TAE with regional chemotherapy to selectively induce ischemia and chemotherapy effects within the tumor and minimizing damage to the untreated liver[53]Two TACE techniques have been used since 2004, conventional TACE (cTACE) and TACE with drug-eluting beads (DEB-TACE). Drug-eluting beads

(DEBs) were developed to slowly release chemotherapeutic agents and to increase ischemia intensity and duration.[54] DEB-TACE has comparable local response and overall survival to cTACE with lesser systemic side-effects. Hence, DEB-TACE may be preferred in selected patients. The primary indication of TACE is Inoperable, large, or multinodular, noninvasive tumors limited to liver with less than 50% tumor volume and in patients having no hepatic decompensation. Secondary indications of TACE are patients of BCLC stage A having technical limitations associated with ablative therapies and for down staging patients for transplantation.

TABLE 2: CONTRAINDICATIONS OF TACE

Macrovascular invasion of the portal vein with thrombus in main portal vein and or portal vein obstruction
Hepatic encephalopathy, refractory to medicalmanagement
Biliary obstruction
Liver cirrhosis stage child Pugh C
Poor performance status
Uncorrectable coagulopathy
Hepatofugal blood flow
Pregnancy
Contraindications to contrast mediapreferred in select patients

3)Treatment options for advanced HCC(BCLC stage C)- Sorafenib is the standard treatment here.After the approval of sorafenib for advanced HCC in 2007, many drugs have failed in the first and second-line setting. Fortunately, between 2017 and 2018, four drugs (regorafenib, lenvatinib, cabozantinib, and ramucirumab) were found to be effective and tolerable for HCC patients as first- or second-line therapy.[55] Sorafenib is an oral multikinase inhibitor, which works by inhibiting the activity of several tyrosine kinases involved in tumor angiogenesis and progression, including vascular endothelial growth factor receptor (VEGFR-2/3), plateletderived growth factor receptor (PDGF-R), Flt3 and c-Kit, and also targets Raf kinases involved in the MAPK/ERK pathway. The optimal dose of sorafenib is 400 mg twice daily. Sorafenib should be started at a low dose to minimize the adverse events and to increase tolerability. A meta-analysis demonstrated association of occurrence of sorafenib-related side-effects (such as diarrhea, hypertension, and skin toxicities) to a better OS in sorafenib-treated HCC patients.[56]

TABLE 3: MOLECULAR TARGETED THERAPEUTIC STRATEGIES

DRUG	MODE OF ACTION
Sorafenib	VEGFR2,PDGFR,C-KIT receptor inhibitor
Lenvatinib	VEGFR1-3,FGR receptors 1-4,PDGR receptor blocker
Regorafenib	Angiogenic, stromal,oncogenic receptor blocker
Cabozantinib	Multikinase inhibitor

Pawlik et al[57] reported that the combination of sorafenib and DEB-TACE in patients with unresectable HCC or advanced HCC was well tolerated and sorafenib toxicity was manageable with dose

adjustment. The most common toxicities during cycle one were fatigue (94%), anorexia (67%), alterations in liver enzymes (64%), and dermatologic adverse effects (48%) in their study.

4) Immune based therapy in HCC treatment- Currently cancer immunotherapy has become encouraging because monoclonal antibodies block molecules that negatively regulate T-cell responses, reverse T-cell exhaustion and reconstitute anti-tumourimmunity . The most successful form of immunotherapy has been reported to be the blockade of the immune checkpoints CTLA-4 (cytotoxic T-lymphocyte-associated protein 4) and PD-1/ PD-L1 receptors (programmed cell death protein 1/programmed death-ligand1)[58] Nivolumab, pembrolizumab, tislelizumab, and camrelizumab are fully humanized monoclonal antibodies against PD-1, whereas durvalumab and atezolizumab target PD-L1. Tremelimumab is a monoclonal antibody that binds to CTLA-4. The efficacy of these antibodies is currently being investigated in various clinical trials as mono- or combination therapy in advanced HCC.[58]

5)Treatment of PVT in HCC- Portal vein tumor thrombosis (PVTT) is one of the most common complications in HCC and is the dominant form of macrovascular invasion of HCC.[59] It usually indicates poor prognosis due to a rapidly progressive disease course, worsening liver function, complications associated with portal hypertension and poorer tolerance to treatment. Sorafenib is the treatment of choice for patients with PVTT that marginally improves survival in patients with HCC and PVTT.

6)Treatment of BCLC stage D- BCLC stage D is classified mainly on the basis of CTP class C or PS 3–4, because of very limited survival time after diagnosis with or without anti-cancer therapies.[60] In untreated patients of HCC, female gender, clinical decompensation of cirrhosis and multinodular tumors are independent prognostic predictors.[61] BCLC stage D patients with mild cirrhosis and small

tumor burden can benefit from surgical resection or TACE.INASL also recommends to consider LT in BCLC-D HCC if PS and extent of tumor permits and if LT not feasible, then after improvement of ascites, jaundice, and/or hepatic encephalopathy with conservative care, ablative therapies, or transarterial tumor therapies should be performed. Supportive treatment including management of pain, ascites, variceal bleeding, nutrition, and psychological support should be part of management of BCLC-D HCC patients. Antiviral treatment in BCLC-D may also stabilize the liver function and can increase the therapeutic window for tumor-specific therapies in these patients. For mild intensity pain acetaminophen (paracetamol) up to 3 g/day can be utilized. Opioids should be used for the management of pain not controlled by paracetamol.[62] Routine artificial nutrition is not recommended in these patients, however in individual cases, dietary counseling, and artificial nutrition can slow down nutritional deprivation, avoid dehydration, and improve the quality of life.

OUTCOME IN HCC PATIENTS

HCC overall has a grave prognosis. Survival of patients with HCC mainly depends on tumor related factors such as tumor size, excision of satellite lesions, vascular invasion, grading, incomplete resection, HBV infection etc. Sempkuya et al[63] conducted a study aimed to identify factors that were predictive of 10-year survival after the diagnosis of HCC. They found that long-term survivors mostly occured after resection or transplant, but 10% of cohort survived 10 years with only locoregional therapy. Underlying health status can be important predictor of 10-year survival for patients receiving liver resections.

MATERIALS AND METHODS

SOURCE OF DATA

This was a prospective study, which was conducted at Dayanand Medical College and Hospital, Ludhiana, Punjab over a period of one and half year (January 2020 to June 2021). All patients visiting in outpatient/inpatient departments of Medicine, Gastroenterology and Oncology in the time period of one year and three months (January 2020 to March 2021), diagnosed to have HCC and who gave consent for the study were used as data sources.

HCC was diagnosed according to EASL criteria based on USG/CT/MRI of abdomen and /or serum AFP >400ng/ml and /or histology (where indicated).According to EASL criteria[64], in cirrhotic patients diagnosis of HCC should be based on noninvasive criteria and/or pathology.Noninvasive criteria is based on identification of typical hallmarks of HCC, which differ according to imaging techniques or contrast agents (arterial phase hyperenhancement [APHE] with washout in delayed phases on CT and MRI using extracellular contrast agents, APHE with washout in the portal venous phase on MRI using gadoxetic acid, APHE with late-onset (>60 s) washout of mild intensity on CEUS).In noncirrhotic patients,diagnosis of HCC should be confirmed by pathology based on International Consensus recommendations[65,66] using the required histological or immunohistological analysis.

A total of 150 HCC cases in period of one year and three months were enrolled based on EASL criteria.Detailed clinical and laboratory parameters were studied.Etiology workup for HCC was done in each case.On diagnosed cases of HCC, Barcelona Clinic Liver Staging (BCLC) was done, which was based on patient performance status, Child-Pugh score, number and size of nodules, portal vein invasion, and metastasis. The various treatment modalities were provided in accordance with the BCLC staging. The radiological modalities used were RFA,MWA, and TACE, and the medical modalities used were

systemic targeted chemotherapy of sorafenib, regorafenib, or lenvatinib. Some patients were managed conservatively.

METHOD OF COLLECTION OF DATA

Inclusion Criteria:

Patients of any age and either gender who gave consent for inclusion criteria in the study and diagnosed to have HCC by EASL criteria based on following methods:

1)USG/CT findings suggestive of HCC.

2)High AFP levels(>400ng/ml).

3)FNAC suggestive of HCC(wherever possible).

Exclusion Criteria:

1) Patients who did not fulfill the minimum criteria by AFP and imaging studies.

2) Patients who did not give consent for inclusion in the study.

OUTCOME

Survival period for 3 months(from April 2020 to June 2021) after the treatment offered was studied.

STATISTICAL ANALYSIS

Data was described in terms of range; mean ±standard deviation (± SD), frequencies (number of cases) and relative frequencies (percentages) as appropriate. All statistical calculations were done using SPSS (Statistical Package for the Social Science) SPSS 21 version statistical program for Microsoft Windows.

OBSERVATION AND RESULTS

A total of 150 HCC cases were enrolled in our study from January 2020 to March 2021. The clinical profile of all cases was studied and the short term outcomes after initiation of treatment were assessed at the end of 3months.

BASELINE CHARACTERISTICS (Table 4)

The mean age of patients with HCC was 60.33 ± 9.25 years(range 32-82 years, median 52 years).The maximum prevalence was seen in fifth and sixth decades of life.(Figure 3).Male preponderance was noted with male to female ratio of 7.3:1.Fourty patients had metabolic syndrome(diagnosed on basis of type 2DM,HTN,obesity). Majority of cases (145,96.7%) were symptomatic in presentation and commonest symptoms observed were abdominal pain/discomfort in 117 (78%), abdominal swelling/distension in 85 (56.7%)and generalized body weakness in 84 (56%) cases.The duration of symptom before diagnosis of HCC varied from 10 days-12 months (mean 2.55 ± 2.92 months, median of 1.5 months).(Figure 4). On examination, icterus was noted in 81(54%), ascites in 80 (53.3%), pedal oedema in 19(12.7%) and hepatic encephalopathy in 101(67%) cases. Out of 101 patients who had HE, 50 had grade 2 hepatic encephalopathy, 32 had grade 3 encephalopathy,17 had grade 1 and 2 had grade 4 HE. The peripheral stigmata of CLD were present in 60(40%) HCC cases with spider nevi in 23(15.3%) cases, palmar erythema in 12 (8%) cases as shown in figure 5. Incidental HCC was diagnosed only in 5(3.3%)of cases, who were diagnosed to have HCC during routine ultrasonographic evaluation for their other complaints with no past history of liver disease. 140 (93.3%) cases were known case of cirrhosis and no past history of cirrhosis was present in 10 (6.7%) cases.

TABLE 4: BASELINE CHARACTERISTICS

Age (years)	Mean+-SD	60.33±9.25
	Median(range)	50(32-82)
Gender **Males** **Females** **M:F**	**No.** 132 18 7.3:1	**Percentage** 88% 12%
Comorbidities	**No.**	**Percentage**
Type 2 DM	68	45.3%
Hypertension	70	46.6%
Obesity(BMI>27.5Kg/m2)	40	26.6%
Symptomatic HCC	96.7	145%
Symptoms		
Abdominal pain/ discomfort	117	78.0%
Abdominal swelling/distension	85	56.7%
Generalized body weakness	84	56.0%
Weight loss,	39	26.0%
Jaundice	28	18.7%
Altered sensorium	16	10.7%
GIT bleed	15	10.0%
Oedema feet	11	7.3%
Bony pains	10	6.7%
Bleeding tendencies	9	6.0%
Decreased urine output	8	5.3%
Fever	6	4.0%
Incidental HCC	5	3.3%
Symptom duration		
Up to 1 month	77	51.7%
Up to 6 months(more than 1month)	43	32.0%
More than 6 months	25	16.6%
Signs		
Pallor	134	89.3%
Hepatic encephalopathy	101	67.0%
Peripheral stigmata of CLD	60	40.0%
Icterus	81	54.0%
Ascites	80	53.3%
Splenomegaly	26	17.3%
Bilateral pedal oedema	19	12.7%
Hepatic bruit	10	6.7%

Hepatomegaly	4	2.7%
Past history of cirrhosis		
Yes	140	93.3%
No	10	6.7%
CTP Score		
A	34	22.7%
B	70	46.7%
C	46	30.6%

FIGURE 3: AGE DISTRIBUTION

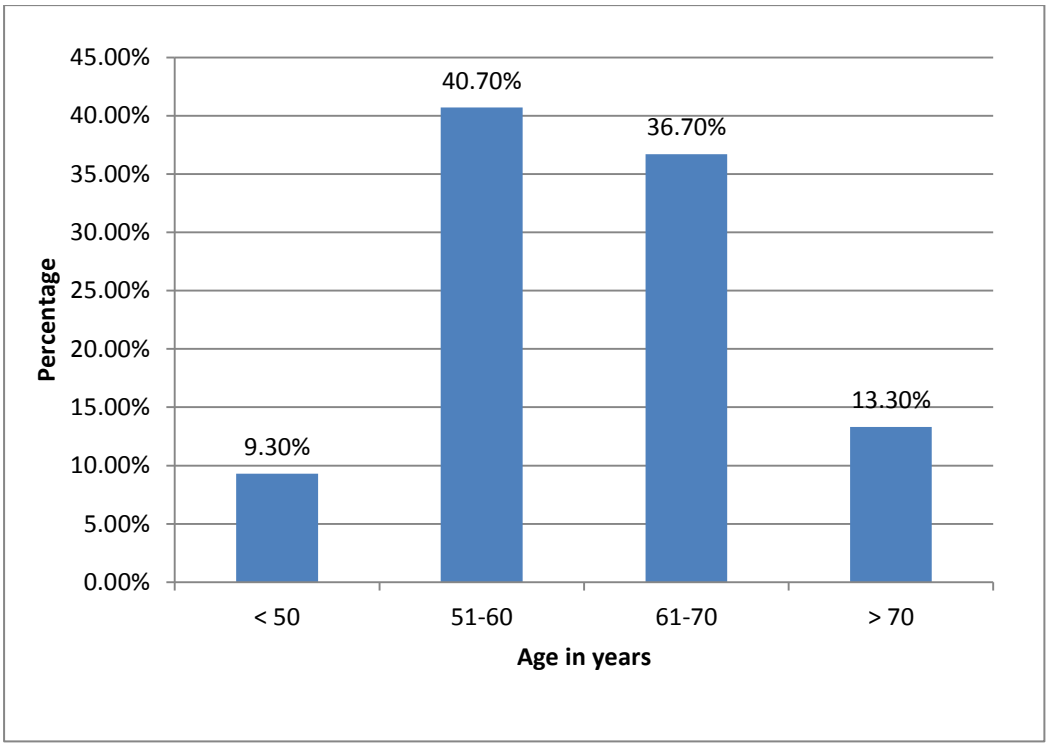


FIGURE 4: SYMPTOM DURATION BEFORE HCC DIAGNOSIS

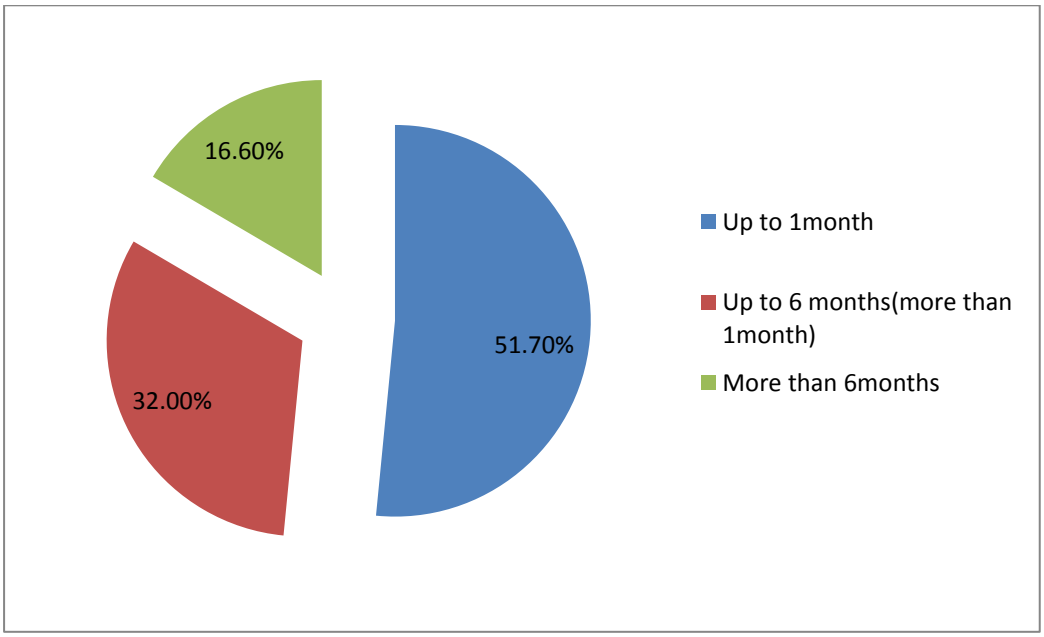
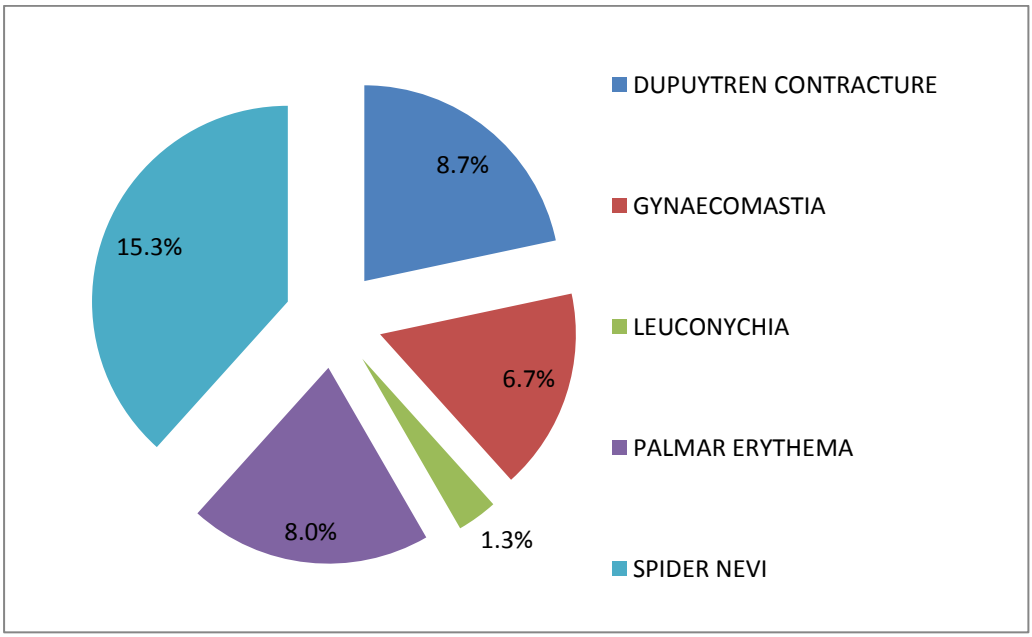


FIGURE 5: PERIPHERAL SIGNS OF CLD



HEMATOLOGICAL AND BIOCHEMICAL PROFILE (Table 5)

Thrombocytopenia of less than 50,000 was seen in 11(7.3%) cases, jaundice more than 15mg/dl in 13(8.6%) cases. Twenty five (16.6%) cases had AST more than 5 times (200U/L) and 27(18%) cases had ALT more than 5times. In our study, 55 (36.7%) cases had serum albumin less than 2.8g/dl.SerumAFP levels ranged from 7ng/ml to 800ng/ml.As per diagnostic criteria adopted by EASL, serum AFP >400 IU/ml in our study was present only in 34(24.7%) cases.

TABLE 5: HEMATOLOGICAL AND BIOCHEMICAL PROFILE

Parameter	**Mean±SD**	**Median**
Hemogram		
Hemoglobin(g/dl)	10.02±2.21	9.65
TLC(mm3)	8.23±5.88	6.8
Platelets(mm3)	144.95±70.07	140
PTI/INR	1.75±1.03	1.53
Biochemistry		
Creatinine (mg/dl)	0.87±0.67	0.87
Urea(mg%)	52.74±35.96	42
Sodium(meq/l)	131.95±8.20	133
Potassium(meq/l)	7.35±26.26	4.12
total bilirubin(mg/dl)	4.78±5.96	2.3
direct bilirubin(mg/dl)	3.28±4.45	1.26
AST(U/L)	147.69±271.75	78
>2*ULN(%)	49.3	
ALT(U/L)	126.17±151.09	69.5
>2*ULN(%)	42	
ALP(U/l)	195.32±213.66	130
>2*ULN(%)	14.7	
serum albumin(g/dl)	3.10±0.99	
<2.8g/dln(%)	55(36.7)	
2.8-3.5g/dln(%)	61(40.7)	

>3.5g/dln(%)	34(22.7)	
AFP levels (ng/ml)	264.79±236.95	168
<20ng/ml n(%)	7(4.7)	
20-400ng/lmln(%)	106(70.7)	
>400nl/ml n(%)	37(24.7)	

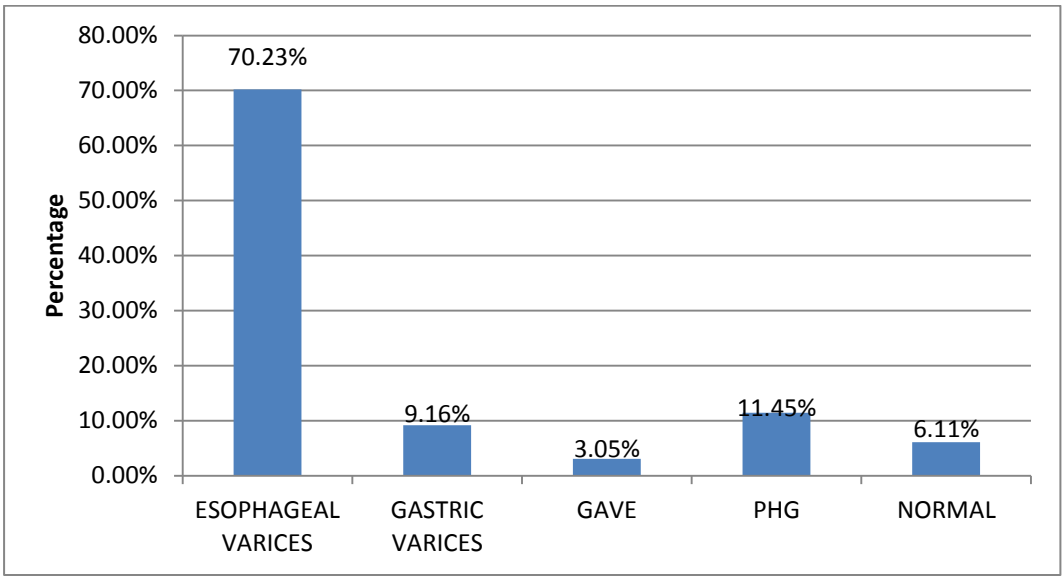
ENDOSCOPIC PROFILE (Table 6, Figure 6)

Endoscopy was done in 131 cases in our study,out of which clinically significant portal hypertension(presence of esophageal,gastric varices) was found in 104(79.3%) cases. Other findings were GAVE (gastric antral vascular ectasia) [4, (2.7%)], PHG (portal hypertensive gastropathy) [15,(5.3)%].

TABLE 6: ENDOSCOPIC PROFILE

UGIE	No. of cases	Percentage
ESOPHAGEAL VARICES	92	70.2%
GASTRIC VARICES	12	9.1%
GAVE	4	3.0%
PHG	15	11.4%
NORMAL	8	6.1%
Total	131	100.0%

FIGURE 6: ENDOSCOPIC PROFILE



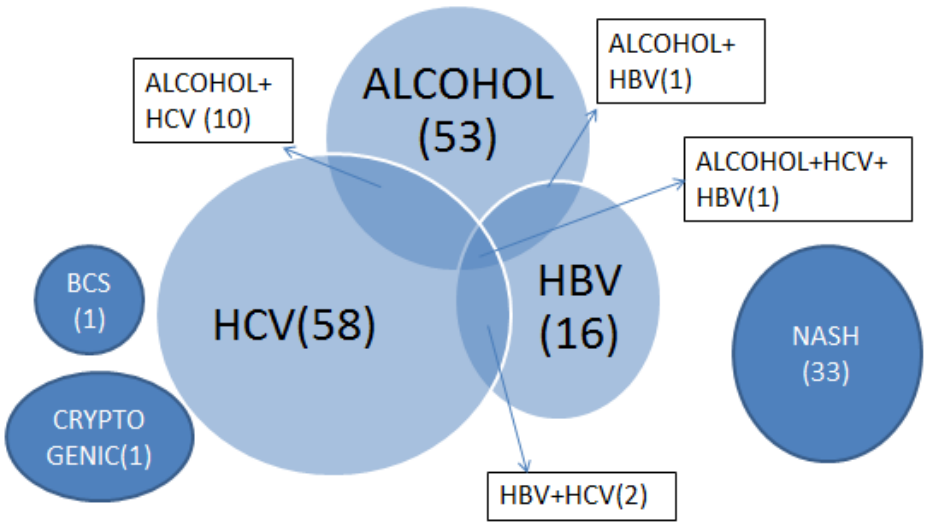
ETIOLOGICAL PROFILE (Table 7, Figure 7)

HCV was the most common cause in 58(38.6%) cases, followed by alcohol in 53(35.3%) cases and NAFLD in 33 (22%) cases. Out of 58 patients with HCV, 10 had history of significant alcohol intake, 2 had coinfection of HBV and 1had both HBV coinfection with significant alcohol intake. Thirty HCV reactive patients had achieved SVR. 25 patients were on directly acting antivirals for HCV and three patients were not given any HCV treatment. Among patients with history of significant alcohol intake,10 had HCV coinfection,1 had HBV coinfection and 1 had both HBV and HCV infections. HBV infection as only etiological factor was found only in 12cases.Out of total 16 HBV infection cases (including combined etiologies),12cases were HBsAg positive, two cases were both HBsAg positive and HBV DNA positive and 2cases were HBV DNA positive (suggesting occult HBV infection).Twelve HBV reactive patients were taking tenofovir alafenamide as treatment of HBV infection and no treatment was given to four HBV patients. Four (2.7%) of HCC cases had no established cause in our study.

TABLE 7: ETIOLOGICAL PROFILE

Etiology	No. of cases	Percentage
HCV	**58**	**38.6%**
HCV	45	30.0%
Alcohol+HCV	10	6.7%
HBV+HCV	2	1.3%
Alcohol+HBV+HCV	1	0.7%
ALCOHOL	**53**	**35.3%**
Alcohol	41	27.3%
Alcohol+HCV	10	6.7%
Alcohol+HBV	1	0.7%
Alcohol+HBV+HCV	1	0.7%
NAFLD	**33**	**22.0%**
HBV	**16**	**10.6%**
HBV	12	8.0%
HBV+HCV	2	1.3%
Alcohol+HBV	1	0.7%
Alcohol+HBV+HCV	1	0.7%
Cryptogenic cirrhosis	**4**	**2.7%**
Budd- chiari syndrome(BCS)	**1**	**0.7%**
Total	**150**	**100.0%**

FIGURE 7: ETIOLOGICAL PROFILE



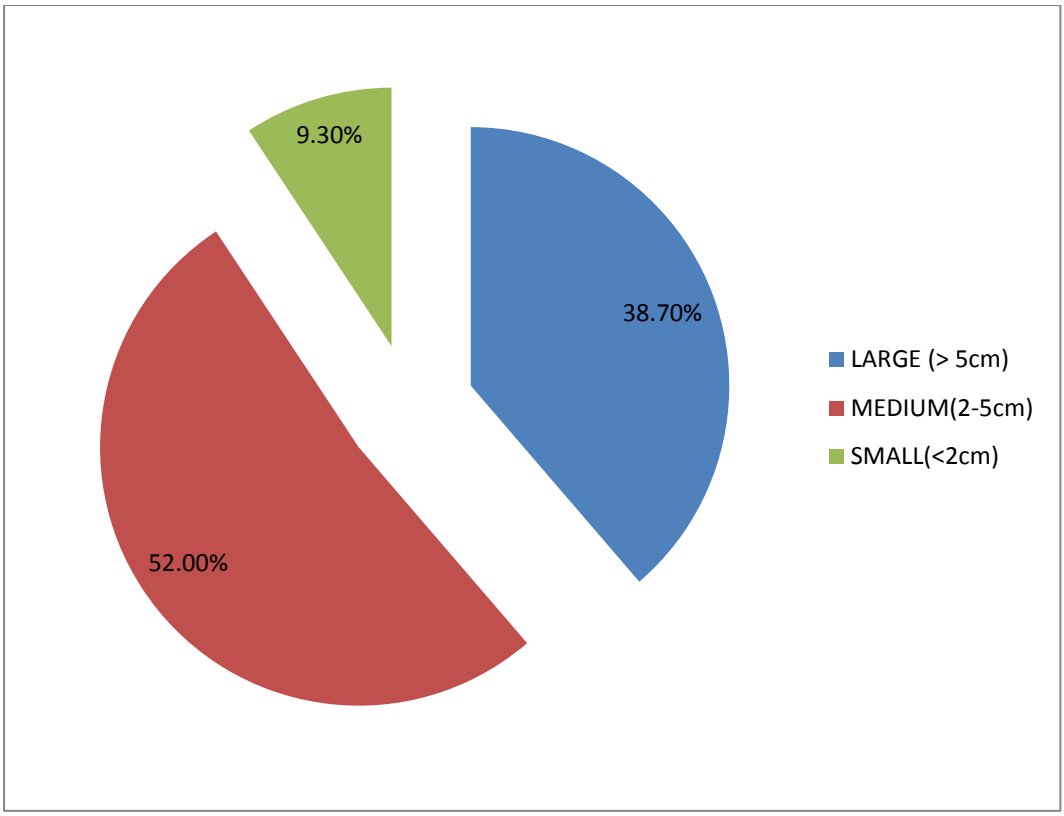
RADIOLOGICAL AND HISTOLOGICAL PROFILE (Table 8, Figure 8)

All patients had radiological evidence of cirrhosis.In majority of cases 78(52%), the HCC lesion was of medium size (2-5cm). Large size HCC (more than 5cm) was found in 58(38.7%) cases. (figure 8). There was single lesion in majority of cases 71(47.3%). Right lobe was most commonly involved in 88(58.7%) cases.Mostly lesions[103(68.7%)] cases were heterogeneous in appearance on triphasic CT.Vascular invasion was seen in 48(32%) cases, out of which portal vein alone was involved in more than half cases (36,24%). Other veins involved were SMV, HV, IVC with associated involvement of portal vein.Extrahepatic spread of tumor was seen in 7(4.6%) cases, 2 each had bone and lymph nodal metastasis, while one each had peritoneal, adrenal, pulmonary, metastasis. Biopsy of the lesions was done in 2cases,out of which 1 case had grade1, and other had grade 2,with stage 4 in each.

TABLE 8: RADIOLOGICAL AND HISTOLOGICAL PROFILE

Liver cirrhosis	**No.of cases**	**Percentage**
Present	150	100%
Absent	0	0%
SIZE of HCC		
Large (>5cm)	58	38.7%
Medium (2-5cm)	78	52.0%
Small(<2cm)	14	9.3%
USG appearance of HCC		
Heterogeneous	101	67.3%
Hypoechoic	33	22.0
Hyoerechoic	16	10.7
CT appearance of HCC		
Heterogeneous	103	68.7%
Hypodense	36	24.0%
Hyperdense	11	7.3%
Number of lesions		
Single	71	47.3%
Two and three	18	12.0%
Multinodular(more than 3)	61	40.7%
Extrahepatic spread ofHCC		
Bony	2	1.3%
Adrenal	1	0.7%
Retroperitoneal spread	1	0.7%
Peritoneum	1	0.7%
Pulmonary	1	0.7%
Regional LN	1	0.7%
No spread	143	95.3%
Distribution of HCC		
Right	88	58.7%
Left	31	20.7%
Bilobar	31	20.7%
Vascular invasion		
PV	37	24.6%
PV ,SMV	5	3.3%
PV,IVC,HV	5	3.3%
PV,HV	1	0.7%
No invasion	102	68.0%
Liver biopsy	**Grade**	**Stage**
First case	1	4
Second case	2	4

FIGURE 8: SIZE DISTRIBUTION



BCLC STAGING (Table 9)

In our study, Child Pugh score and performance Status were calculated for all 150cases and BCLC staging was done. Majority of the HCC cases were in BCLC stages C and D [60(40%) and 45(30%) respectively].Only 5(3.3%) cases had BCLC stage 0(very early stage).

TABLE 9: BCLC STAGING

BCLC staging	Performance status	Child pugh score	No. of cases	Percentage
Stage O	0	5,6(A)	5	3.3%
Stage A	0	5-9(A-B)	19	12.6%
StageB	0	5-9(A-B)	21	14.0%
Stage C	1-2	5-9(A-B)	60	40.0%
Stage D	>2	10-15(C)	45	30.0%
Total			150	100.0%

TREATMENT MODALITIES AND PROTOCOL (Table 10, 11, Figure 9)

Patients were treated in accordance to EASL guidelines. BCLC staging was applied in to 150 HCC cases and treatment modalities used were medical, radiological and conservative. Of the 150 patients studied ,5 were in BCLC stage 0,19 in BCLC stage A,21 in BCLC stage B,60 in BCLC stage C and 45 in BCLC stage D.Three patients of BCLC stage 0 underwent ablation,one patient was maintained on medical therapy after TACE and one patient was given only medical therapy.Twelve patients of BCLC stage A underwent ablation treatment ,one patient underwent TACE, two patients were managed with medical therapy and one was managed conservatively, ablation and TACE were followed by medical treatment in one patient each .Dual radiological interventions were used in one patient of BCLC stage A .Three patients of BCLC stage B underwent ablation, seven underwent TACE, ablation and TACE were followed by medical therapy in three patients each, dual radiological interventions were used in one patient, four were given medical therapy. Only one patient was managed conservatively in BCLC stage C and rest 59 patients were managed with medical therapy.All patients of BCLC stage D were managed conservatively. Overall most common treatment modality used was medical in 66(44.6%) cases and most of these were in BCLC stage B and C. Radiological treatment was given in 37(24.6%) cases .Ablative therapies of MWA was done in 13(10%),RFA in 9(6.0%) cases .Two patients who were given RFA and two patients who were given MWA were maintained on systemic therapy in form of sorafenib or lenvatinib later on. Chemoembolisation (TACE) was done in 13 patients, out of which 5 patients were maintained on medical therapy. Dual radiological interventions were given to 2cases after a gap of 2-3months in each case. due to failure of first therapy. Conservative management was given to stage D cases (45,30%), who had decompensated cirrhosis

and in 2(1.3%) cases, belonging to BCLC stage A,C who did not consent for the treatment.

TABLE 10: TREATMENT MODALITIES AND PROTOCOL

Treatment modality (Medical/Surgical/Radiological/Conservative)	**No. of cases**	**Percentage**
Radiological	37	24.6%
Medical	66	44.6%
Conservative	47	31.3%
Total	150	100.0%
Treatment Protocol		
A) RADIOLOGICAL		
a) Radioablation MWA	**13**	**10.0%**
MWA	11	7.3%
MWA,Sorafenib	1	2.0%
MWA, Lenvatinib	1	0.7%
b) Radioablation RFA	**9**	**6.0%**
RFA	7	4.7%
RFA,Sorafenib	2	1.3%
c) Chemoembolization TACE	**13**	**8.0%**
TACE	8	5.3%
TACE,Sorafenib	4	2.7%
TACE,Lenvatinib	1	0.7%
d)Dual radiological interventions	**2**	**1.4%**
RFA, MWA	1	0.7%
RFA, TACE	1	0.7%
B) MEDICAL		
Sorafenib	51	34%
Lenvatinib	9	6.0%
Regorafenib	6	4.0%
C) CONSERVATIVE		
Decompensated cirrhosis	45	30.0%
Not willing	2	1.3%
Total	**150**	**100.0%**

FIGURE 9: TREATMENT PROTOCOL

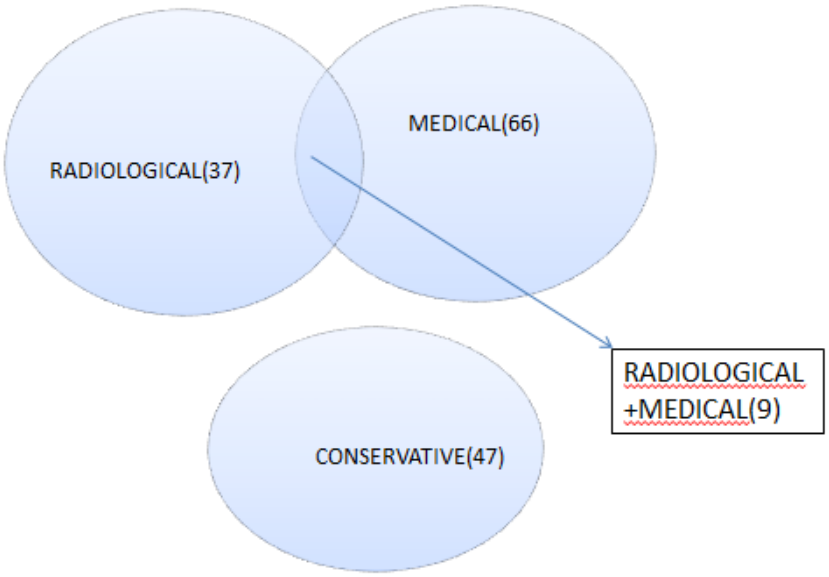


TABLE 11: TREATMENT PROTOCOLS AND BCLC STAGING

BCLC STAGE(n)	**0(5)**	**A(19)**	**B(21)**	**C(60)**	**D(45)**
ABLATION	3	12	3	-	-
ABLATION+MEDICAL	-	1	3	-	-
CHEMOEMBOLIZATION	-	1	7	-	-
CHEMOEMBOLIZATION+MEDICAL	1	1	3	-	-
DUAL RADIOLOGICAL	-	1	1	-	-
MEDICAL	1	2	4	59	-
CONSERVATIVE	-	1	-	1	45
SURVIVAL(YES)	5	18	21	59	1

SHORT TERM OUTCOME (Figure 10)

All cases were followed for 3months on phone and short term survival status was assessed.A total of 104(69.3%) cases survived and 46 (30.7%) cases expired.

Variables affecting outcome (Table 12) -The survival of HCC cases depended on various factors of tumor size, etiology of HCC, CTP score, incidental/symptomatic presentation, treatment offered, BCLC stage in our study. Survival difference was found significant (p value 0.0001)based on the BCLC staging and treatment modality offered.Out of 45 cases having BCLC stage D and managed conservatively, majority of cases(44,95.7%) expired at the end of 3months and only 1(1%) case survived.Survival rates found at end of 3months for BCLC stage 0,A,B,C were 100%,94.7%,100% and 98.3% respectively. BCLC stage D (terminal stage)of HCC had poor short term survival rate(1%) as compared to other stages and conservative approach had poor short term survival (2.2%) as compared to other treatment modalities (medical 100%,radiological 100%). Significant survival difference was seen with HCC lesions with respect to size(p value 0.015),CTP score(p value 0.001).All patients [14(13.5%)] having small size HCC survived

and 23 patients with large and medium size HCC expired each.The survival rates for large size HCC was 60.3% and small size HCC was 100%.A total of 46 expired patients,44 had CTP score C ,1 had CTP score A,1 had CTP score B.There was no difference in survival based on etiology, serumAFPlevels, portal vein invasion,number of tumor nodules, presence of distant metastasis, incidental/symptomatic presentation.P value was not found to be significant for these factors.

FIGURE 10: OUTCOME PROFILE

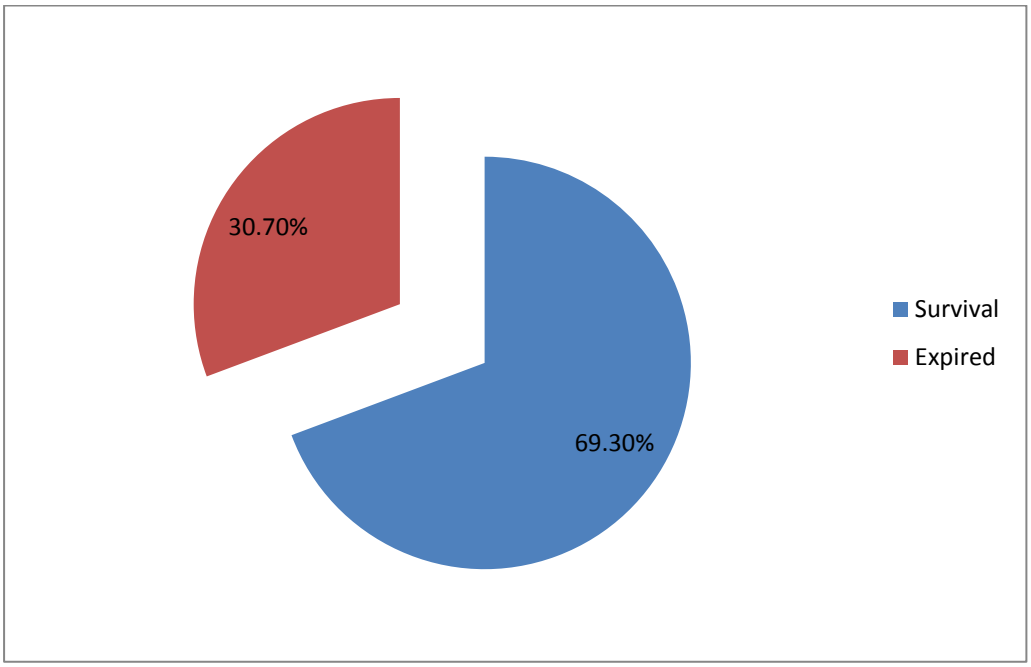


TABLE 12: VARIABLES AFFECTING OUTCOME

	Outcome				Total	Chi-square value	p-value
	Survival		Expired				
ETIOLOGY							
HCV RELATED	34	75.6%	11	24.4%	45		
ALCOHOL	30	73.2%	11	26.8%	41		
NASH	17	51.5%	16	48.5%	33		
HBV	7	58.3%	5	41.7%	12		
ALCOHOL+HCV	7	70.0%	3	30.0%	10		
CRYPTOGENIC CIRRHOSIS	3	75.0%	1	25.0%	4		
HBV+HCV	2	100.0%	0	0.0%	2		
ALCOHOL+HBV+HCV	1	100.0%	0	0.0%	1		
BUDD- CHIARI SYNDROME	1	100.0%	0	0.0%	1		
ALCOHOL+HBV	1	100.0%	0	0.0%	1		
CLINICAL PRESENTATION							
INCIDENTAL FINDING	4	80.0%	1	20.0%	5	0.277	0.599
SYMPTOMATIC	100	69.0%	45	31.0%	145		
AFP LEVELS							
< 20	5	71.4%	2	28.6%	7	0.344	0.842
20-400	72	67.9%	34	32.1%	106		
> 400	27	73.0%	10	27.0%	37		
CHILD PUGH SCORE							
A	33	97.1%	1	2.9%	34	136.71	0.001
B	69	98.6%	1	1.4%	70		
C	2	4.3%	44	95.7%	46		
SIZE OF HCC							
LARGE(>5cm)	35	60.3%	23	39.7%	58	8.447	0.015
MEDIUM(2-5cm)	55	70.5%	23	29.5%	78		
SMALL(<2cm)	14	100.0%	0	0.0%	14		
NUMBER OF LESIONS							
SINGLE	49	69.0%	22	31.0%	71	0.736	0.693
MULTINODULAR	41	67.2%	20	32.8%	61		
TWO OR THREE	14	77.8%	4	22.2%	18		
EXTRAHEPATIC SPREAD OF HCC							
ADRENAL	1	100.0%	0	0.0%	1	8.576	0.199
BONY	2	100.0%	0	0.0%	2		
PERITONEUM	0	0.0%	1	100.0%	1		
PULMONARY	1	100.0%	0	0.0%	1		
REGIONAL LN	0	0.0%	1	100.0%	1		
RETROPERITONEAL LN	0	0.0%	1	100.0%	1		

NO	100	69.9%	43	30.1%	143		
VASCULAR INVASION							
PV	22	59.5%	15	40.5%	37	10.986	0.202
PV,HV	1	100.0%	0	0.0%	1		
PV,SMV	4	80.0%	1	20.0%	5		
PV, IVC, HV	3	60.0%	2	40.0%	5		
NO	75	73.5%	27	26.5%	102		
BCLC STAGING							
STAGE 0	5	100.0%	0	0.0%	5	136.321	0.0001
STAGE A	18	94.7%	0	0.0%	19		
STAGE B	21	100.0%	1	4.8%	21		
STAGE C	59	98.3%	1	1.7%	60		
STAGE D	1	2.2%	44	97.8%	45		
TREATMENT MODALITY(MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)							
CONSERVATIVE	1	2.1%	46	97.9%	47	145.397	0.0001
MEDICAL	66	100.0%	0	0.0%	66		
RADIOLOGICAL	37	100.0%	0	0.0%	37		
PROTOCOL							
SORAFENIB	51	100.0%	0	0.0%	51	145.041	0.0001
MWA	11	100.0%	0	0.0%	11		
LENVATINIB	9	100.0%	0	0.0%	9		
TACE	8	100.0%	0	0.0%	8		
RFA	7	100.0%	0	0.0%	7		
REGORAFENIB	6	100.0%	0	0.0%	6		
TACE,SORAFENIB	4	100.0%	0	0.0%	4		
RFA, SORAFENIB	2	100.0%	0	0.0%	2		
RFA, MWA	1	100.0%	0	0.0%	1		
RFA, TACE	1	100.0%	0	0.0%	1		
DECOMPENSATED CIRRHOSIS	1	2.2%	44	97.8%	45		
TACE, LENVATINIB	1	100.0%	0	0.0%	1		
MWA, LENVATINIB	1	100.0%	0	0.0%	1		
MWA, SORAFENIB	1	100.0%	0	0.0%	1		
NOTWILLING	0	0.0%	2	100.0%	2		

DISCUSSION

Hepatocellular carcinoma (HCC) is a major health issue and a leading cause of cancer related mortality worldwide. In most of countries, HCC accounts for the vast majority (70-90%) of cases of primary liver cancer.[1] It is one of the few neoplasms whose incidence and mortality rates have been steadily increasing.[7] Despite advances in diagnostic, surgical and other therapeutic advancements, it possess numerous diagnostic and treatment challenges. The current study was carried out at a tertiary care hospital in northern India . It studies the clinical, etiological, radiological and short term outcome profile of 150 patients.

The age specific incidence of HCC varies across the globe with peak age of onset ranging from 40 to 80 years depending on the geographical area studied and prevalence of different etiological factors.[9][14] The mean age in our study was 60.33±9.25 years and maximum patients (77.4%) belonged to age group of 51 to 69 years. The age distribution of patients with HCC in the present study is similar to majority of studies[67-69] from India where the maximum incidence of HCC is seen in fifth to sixth decades of life .

In the present study, out of total 150 patients, 132 (88%) were males and 18(12%)were females.The male preponderance in our study was similar to that observed in studies from India and rest of the world[67,69,70]. Hospital based data can point towards gender bias in seeking medical treatment in our country.Liver disease is reported to develop more in patients with high levels of testosterone.[70] Also, alcohol being one of the major etiological factors and is primarily consumed by males in our region could explain why men outnumbered women in our study.

HCC can occur as an incidental finding with no symptoms and signs of liver disease, because of recent advancements in diagnostic imaging and increasing experience of diagnostic team. In our cohort, only 5 (3.3%) cases were detected as an incidental finding on USG as hepatic

SOL having no past history of liver disease/ cirrhosis. Incidentally diagnosed HCC had poorer prognostic features at diagnosis as compared to those diagnosed via surveillance and mostly occurred due to undiagnosed cirrhosis as reported by Gala et al[71] in a study in America. However no difference in short-term survival rate of these patients was found in our study (p value 0.59) when compared to symptomatic patients. Clinicians' increased emphasis on detecting early cirrhosis and emphasising follow-up can improve HCC outcomes in this region.In our study, the mean symptom duration before HCC diagnosis was 2.55±2.92 months, with median of 1.5 months. The majority of cases 77(51.7%) in our study had symptoms for less than one month, with only 25 (16.6%) having symptoms for more than six months.This finding was similar to the previous study done in Punjab in 2013, in which Sood et al[21] reported majority of cases 59(46%) out of 128 to have symptom duration of less than 1 month and only 4(3.1%) cases to have symptom duration of more than 3months.

In our study, the most common presenting complaint was abdominal pain/discomfort, which was seen in 117 (78 %) of the cases, followed by abdominal swelling/distension in 85 (56.7%) of the cases and generalised body weakness in 84 (56%) of the cases. Many patients had ascites (80,53.3 %cases), jaundice (81,54.0 %cases), encephalopathy (101,67.0 %cases), and GIT bleed (15,10% cases).The clinical presentation and examination findings of our study were similar to other studies done in India by Saini et al[68], Sarin et al[69] and Paul et al.[72]The incidence of paraneoplastic manifestations eg. hypercalcemia, neuropathy etc. is rare in most of the Indian studies as reported by Sarin et al[69], Agarwal et al[73], and Singh et al[74].Similar trend was seen in our study with no finding of any paraneoplastic manifestation in any case.

Cirrhosis is the most common association of HCC worldwide and constitutes the underlying disease in 80–90% of HCC patients [75] In our study, majority of HCC cases (140, 93.3%) were known cirrhotics prior

to their HCC diagnosis,while 10(6.7%) were found to have cirrhosis at time of HCC diagnosis. In majority of Indian studies [67,69,76], underlying cirrhosis was found in more than 50% of HCC cases.In our study,all cases had underlying cirrhosis.However, approximately 20% of HCC have also been known to develop in non-cirrhotic liver [76] and they are often detected at an advanced stage due to the lack of surveillance for patients with non-cirrhotic liver. To diagnose these tumours, an understanding of the radiological appearance and predisposing clinical features of noncirrhotic HCCs is required.

The baseline hematological and biochemical profile of our study was similar to other studies reported by Sood et al[21] and Paul et al.[72] The median AFP value in our study was 168ng/ml. As per the EASL[28] guidelines for diagnosis of HCC,only 24.7% cases fulfilled the criteria of serum AFP >400 IU/ml.This observation is consistent with other studies[68,73,77,78] where diagnostic AFP level was not found in majority of HCC cases, implying that serum AFP is not a good screening tool for HCC.Its sensitivity ranges from 39-64%,specificity 76-91% and positive predictive value9-32% [14,79,80].AFP is mostly complimentary to USG for surveillance of HCC.[81]On the other hand, Watanabe et al.[82] reported that low levels of serum AFP could be due to small size or extent of differentiation of masses that do not produce high AFP .AFP alone is not recommended in surveillance or diagnosis of HCC.[34]

The etiological factors for HCC vary in different geographical areas. Worlwide, HBV is the most commonly reported etiological factor for HCC, accounting for 52.3% of all HCC cases[9],[13][14]. In Africa and East Asia,60% of HCC cases are attributable to HBV.[13-14] High HBV infection rates have been reported in Asia, particularly in China,where HBV is traditionally transmitted from mother to child.[83,84] On the other hand, in North America, Europe and Japan, HCV infection is the major etiological factor, accounting for 70% of HCC cases. It is because of the high prevalence of HCV in unscreened blood transfusions and IV drug use as reported by Zhu at al[85] and Parkin et al. [86] In the United

states HBV accounts for only 10-15% of HCC cases because of widespread vaccination programmes[17]

In India,HBV has been reported as the major etiological factor for HCC in majority of the studies[28][68-69][72], accounting for 47.5% to 73% of the cases.In studies from North India ,HBV was reported as major etiology.[68-69,72] Also in a South Indian study, Nandennavar et al[28] found HBV to be the most common etiological factor for HCC.In contrast to these studies from India, HCV was the predominant cause of HCC in our study and was far more common than HBV(30% versus 8% respectively).This profile was similar to a previous study conducted at our centre in 2013 by Sood et al[21], where HCV accounted for more than half of the cases(52.3%) and was far more common than HBV(29.7%).A similar etiological profile has been reported from Pakistan,where HCV was the etiology of HCC in in 56.1% to 85% of cases and HBV in 20% to 34.1% of the cases [87,88]. This has been labelled as 'hepatitis C' belt occupied by Punjabis on both sides of the border. Above discussed studies a conclude that the etiological profile of our study is more similar to that of developed countries such as Japan and the Western world as compared to rest of Asia and other parts of India. This pattern can be explained by the epidemiology of HCV infection. Overall global HCV prevalence is low [89],with an estimation of 2.5%, ranging from 2.9 % in Africa to 1.3% in America.The estimated prevalence of HCV infection in India is about 0.5–1.5%.[90] Whereas in Punjab, high HCV prevalence (5.2%)has been reported by Sood et al[91] in the year 2012. A higher prevalence of HCV infection has also been noted in the adjoining Punjab province of the neighboring country, Pakistan.[92] Higher HCV prevalence indicates higher rates of HCV infection in Punjab as a result of a growing epidemic of high risk behaviour for HCV infection, such as the reuse of needles and syringes, IV drug abuse, a history of dental extraction/surgery, and so on. It could be due to improved HCV surveillance in the region compared to the past. Furthermore, a lack of

awareness among the general population about factors associated with viral transmission may be another underlying factor in the disease's spread.

In our study, second most common etiological factor of HCC was alcohol, seen in 41(27.3%)cases. In an Indian study, the prevalence of alcohol consumption was reported to be 10-60%.[93] and cirrhosis[24] appeared to be the basis for ethanol associated cases of HCC alcohol consumption. In study from Punjab, the prevalence of alcohol use disorders found was 7.9% [94]NASH was the third most common etiological factor of HCC in our study, accounting for 33(22%) of the cases. The estimated prevalence of NAFLD in the general Indian population is 9-32%, while the prevalence of NAFLD and NASH in the West is 10-24% and 3-4 %, respectively.[95]Kalra et al [96]In their study found the HCC prevalence of 44.1% in western India and 72.4% in northern states. Incidence of nonalcoholic steatohepatitis (NASH) can increase by up to 56% in the next 10 years[26], due to growing epidemic of risk factors of obesity, insulin resistance, metabolic syndrome.

In our cohort, 14 (9.4%) cases had more than one etiological factor for HCC. Dual HBV/HCV infections with alcohol as a cofactor were observed in one case. Synergism between alcohol intake and either hepatitis virus infection has been reported by Donato et al[24] however, Kumar et al[97] reported synergism only between alcohol-HCV infection in causing HCC, not between alcohol and HBV. In our study,dual infection of hepatitis B and C was seen in 2(1.3%) case Synergism has been reported between HBV and HCV infections in causing HCC.[98] In our study, approximately 4 (2.7 percent) of HCC cases had no established cause. Sarin et al [69] also found that 20% of HCC cases had an unknown aetiology in their study. This could indicate the existence of a previously unknown pathogenic mechanism for HCC and warrants further investigation in India.

Radiological profile in our study was similar to previous studies from India.[67,68,69] Most (68.7%) of the HCC lesions were heterogeneous in appearance, involving right lobe in more than half (58.7%) of cases and single lesion was most the common presentation in71(47.3%) cases. The average size of HCC was 4.46± 2.2cm.Significant survival difference was seen based on size of HCC in our study with survival rate of 33.7% in large size HCC as compared to survival rate of 52.9% in medium size HCC.(p value 0.015 Extrahepatic spread was observed in only 7 (4.6 %) of the cases, which is consistent with other studies[99,100] that report it in 5-15 percent of cases at the time of HCC diagnosis .The presence of vascular invasion with HCC has varied from 10% to >50% in different studies by Saini et al[68],Kumar et al[69],Paul et al[72], Hill et al[78], In our study vascular invasion (PVT) was seen in 48(32%) cases.

The Okuda classification is the most widely used HCC prognostic tool. However, in an Indian cohort, the CLIP, Tokyo score, and BCLC are the most useful staging systems.[30] According to Cillo et al., BCLC staging has recently been validated as the best staging system for selecting early stage patients who can benefit from curative therapies.[45] After calculating the Child Pugh Score and the performance status, we applied BCLC staging to all HCC cases in our study. The majority of HCC cases referred to our hospital were in BCLC stages C and D [60(40%) and 45(30%), respectively]. Only 5 (3.3 percent) of the cases were diagnosed at an early stage (BCLC stage 0). This imply that in our study, HCC was mostly diagnosed at the terminal or advanced stages of the disease. This finding is consistent with other studies from South India, Punjab and North India reported by Nandennavar et al[28],Sood et al[21] and Paul et al[72] respectively.

The treatment options for HCC are determined by the cancer stage, patient performance status , liver function(Child Pugh score),number ,size of nodules, portal vein invasion, distant metastasis and

necessitate a multidisciplinary approach based on the BCLC staging system.

Of the 150 patients included in our study, only 103 could be offered treatment, while 47 were managed conservatively. Amongst these 103 patients, 5 had a very early HCC (BCLC stage 0) and 19 had early stage disease (BCLC A). These patients were ideal candidates for radical therapies like partial hepatectomy and orthotropic liver transplantation but none of them could avail these. Liver resection was considered in three of the patients with BCLC stage 0, but refused due to financial constraints. Image guided percutaneous ablation using RFA and MWA were therefore offered in these patients and 4/5 patients in BCLC stage 0 and 12/19 patients in BCLC stage A underwent the same. Such minimally invasive therapies have been shown to be highly effective for treatment and can improve survival in these patients.[101,102,103] RFA is comparable to liver transplantation for solitary HCC of size≤2cm.[104,105,106] Also no difference in overall 3 year survival has been found between RFA and resection.[107] All our patients offered such therapies survived at the end of 3 months of follow up in our study.

Intermediate (BCLC stage B) HCC cases are treated with local ablative therapies or chemoembolization.[108] While TACE is the treatment of choice for such large, inoperable, multinodular tumours, ablative therapies like MWA have been shown to be as effective.[109,110,111] Of the 21 patients with BCLC stage B, 6 (28.6%) underwent ablation and 10 (47.6%) underwent TACE. Studies have also shown that a combination of TACE with RFA may improve outcomes and prolong survival[112] and this was offered to one patient with large multicentric HCC. Though a metanalysis in 2017 did not show any benefit of medical therapy alone(or with TACE) in patients with intermediate stage HCC[113] ,4 of our patients were treated with sorafenib alone, with an intent of preventing disease progression as these patients

refused radiological interventions. All the patients in BCLC stage B survived at the end of 3 months of follow up in our study.

Advanced (BCLC stage C) HCC cases are treated with systemic chemotherapy.[108] The median survival in this stage depends on the patient's clinical features, PS, macrovascular invasion and presence of distant metastasis, and varies between 3 to 38..6 months[114]The treatment of choice is systemic chemotherapy with sorafenib, and newer agents like lenvatinib, regorafenib, cabozantinib, and ramucirumab.[115] Sorafenib was used in 51 (34%) of the cases, with a survival rate of 100%. Nandennavar et al [28] reported a three-month median survival with sorafenib and a two-month survival in patients receiving best supportive care chemotherapy.

Forty five patients in our study had terminal stage HCC (BCLC Stage D). All these patients had advanced, decompensated cirrhosis and were out of Milan's criteria for liver transplantation. Hence, they were all kept on best supportive care, in the form of maintenance of nutrition and prevention of cirrhosis related complications like ascites, gastrointestinal bleed and hepatic encephalopathy. However, all these patients died by the end of 3 months of follow up. This is in coherence with other studies where median survival of these patients has been shown to be less than 6 months.[61]

Combined therapy involving use of two radiological interventions benefits and prolongs survival in patients with advanced tumours according to Liu et al. [116]Two cases received dual radiological interventions of RFA-TACE and RFA-MWA both of whom survived at 3 months. Patidar et al concluded in their study[117] that combined RFA and TACE was a safe option for BCLC stage B and C, with survival rates of 90.7% and 66.4 %at 6 and 12 months, respectively. In patients where LT is not an option and Milan criteria are not met (for early HCC), a combination of TACE plus RFA can be offered. [34]

Aside from the BCLC staging and treatment options, there was a significant survival difference with HCC lesions based on size (p value 0.015) and CTP score(p value 0.001). All 14 (13.5 percent) patients with small size HCC survived, while 23 patients with large and medium size HCC died each. The survival rates for large size HCC were 33.7 percent and 52.9 percent for small size HCC. Out of total of 46 patients who expired, 44 had CTP score C and other two had CTP scores of A,C each. There was no difference in survival based on etiology of HCC, serum AFP levels, portal vein invasion, tumour nodule number, or presence of distant metastasis, incidental/symptomatic presentation.

SUMMARY AND CONCLUSION

The present study was conducted in departments of Medicine, Gastroenterology and Oncology, Dayanand Medical College and Hospital Ludhiana, to evaluate the clinical profile and outcome in patients with hepatocellular carcinoma over a period of one and half year, between January 2020 to June 2021.A total of 150 cases diagnosed to have HCC by biochemical or radiological/histological methods, who gave consent for the study were enrolled in period of one year and three months(Jan 2020 to March 2021).All cases were followed for next three months and outcome after treatment offered was studied.

The following observations were made:

- Most of the patients belonged to the age group 51- 69years and mean age was 60.33years.Male preponderance was seen with male to female ratio of 7.3:1.
- Majority of HCC cases (145, 96.7%) were symptomatic in presentation and incidental HCC was found only in 5 (3.3%) cases, who were diagnosed to have HCC on routine imaging with previous no history of liver disease.
- Mean symptom duration in our study before HCC diagnosis was 2.55±2.92 months.
- The commonest symptoms observed were abdominal pain/discomfort in 117 (78%), abdominal swelling/distension in 85 (56.7%) and generalized body weakness in 84 (56%) cases.
- Most of the patients on examination had icterus in 81(54%), ascites in 80 (53.3%), pedal oedema in 19 (12.7%), hepatic encephalopathy in 101(67%) cases.
- All patients had radiological evidence of cirrhosis. Ten (6.7%) of these were diagnosed with cirrhosis and HCC for the first time.

- Nearly two third cases [106(70.7%)] had serum AFP in the range of 20-400ng/ml and serum AFP>400ng/ml was noted only in 37(24.7%) cases in our study.
- Endoscopic assessment was done in 131 patients, of which 104 (79.3%) had clinically significant portal hypertension.
- HCV infection was the most common etiological factor and was detected in 58(38.6%) cases, followed by alcohol in 53(35.3%) cases and NASH in 33(22%)cases. HBV infection was seen in 16(10.6%) cases. Dual infection of HBV and HCV was seen in 2(1.3%) cases. Cryptogenic cirrhosis was seen in 4(2.7%) of HCC cases.
- Radiologically, most (68.7%) of the HCC lesions were heterogeneous in appearance, involving right lobe in more than half(58.7%) of cases and single lesion was most common presentation in71(47.3%) cases. The mean size of HCC was 4.46± 2.2cm.
- Extrahepatic spread was seen in 7(4.6%) cases and vascular invasion (PVTT) was seen in 48(32%) cases.
- Majority of the HCC cases reporting to our hospital were in BCLC stages C and D [60(40%) and 45(30%) respectively]. Only 5(3.3%) cases were diagnosed at very early stage (BCLC stage 0).
- Patients were treated according to BCLC staging in accordance to EASL guidelines. Radiological interventions (RFA, MWA, TACE, dual) were done in 37(24.6%) cases, medical therapy was offered to 66(44.6%) cases, while 47(31.3%) HCC cases were managed with best supportive care. Nine (6%) patients were maintained on medical therapy after radiological ablation and chemoembolization. None of the patients underwent surgical resection or liver transplantation
- At end of 3months,104(69.3%)cases survived. Variables affecting survival outcome were BCLC stage, treatment modality offered, CTP score, size of HCC lesion, vascular invasion, extrahepatic

spread, AFP levels and incidental/symptomatic presentation. Out of 47 patients managed conservatively, [46(30.7%)] succumbed to their illness at the end of 3 months of follow up, 44 of whom had BCLC stage D and the other two had BCLC stage A, C. The remaining 104(69.3%) cases had a survival outcome at end of 3months, of which only 1 case was managed conservatively and the others were managed with medical or radiological modalities. In our study, the BCLC stage D (terminal stage) of HCC had a poor short term survival rate (2.2%), and the conservative strategy had a poor short term survival rate (2.1%) compared to other treatment modalities (medical 100%, radiological 100%).

- In addition to BCLC staging and treatment options, significant survival difference was seen based on size of HCC lesion(p value 0.015) and CTP score(0.001). The survival rates for large size HCC were 60.3 percent and 100%for small size HCC. Out of total of 46 patients who expired, 44 had CTP score C and other two had CTP scores of A,B each.

CONCLUSION

This study shows that majority of HCC patients were males, with a peak prevalence in fifth and sixth decades of life. All patients were cirrhotic, with HCV and alcohol being the major risk factors for development of HCC. Hepatitis B was the third most common cause, unlike other series from the West and South India. The majority of patients were symptomatic and in advanced BCLC stages at presentation. Radiologically, most lesions were single, 2-5cm in size and more commonly noted in right lobe of liver. Portal vein invasion was seen in 48(32%) cases and seven(4.6%)had distant metastasis. Treatment was done in accordance to EASL guidelines and 37(24.6%),66(44.6%) and 47(31.3%) were offered radiological, medical and conservative treatment, respectively. Three month survival rates associated with radiological, medical and conservative protocols were 100%, 100% and 2.1% respectively

BIBLIOGRAPHY

1. London WT, McGlynn KA. Liver cancer. In: Schottenfeld D, Fraumeni J Jr, eds. Cancer Epidemiology and Prevention. 3rd Ed. New York: Oxford University Press; 2006. p. 763-86.
2. Njei B, Rotman Y, Ditah I and Lim JK: Emerging trends in hepatocellular carcinoma incidence and mortality. Hepatology. 2015;61:191-9.
3. Atlanta, American cancer Society. Cancer facts & figures 2016: 172. Available from: (https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/cancer-facts-and-figures-2016.pdf)
4. Parkin DM, Bray F, Ferlay J, Pisani P. Estimating the world cancer burden: Globocan 2000. International journal of cancer. 2001;94:153-6.
5. Liang TJ, Jeffers LJ, Reddy KR, De Medina M, Parker IT, Cheinquer H, et al. Viral pathogenesis of hepatocellular carcinoma in the United States. Hepatology. 1993;18:1326-33.
6. McGlynn KA, Petrick LJ, London TW. Global epidemiology of hepatocellular carcinoma: an emphasis on demographic and regional variability. Clin Liver Dis. 201519:223-38.
7. Venook AP, Papandreou C, Furuse J, Ladrón de Guevara L. The incidence and epidemiology of hepatocellular carcinoma: a global and regional perspective. The oncologist. 2010;15:5-13.
8. Wands JR, Blum HE. Primary hepatocellular carcinoma. New England Journal of Medicine. 1991;325:729-31.
9. Bosch FX, Okuda K, Tabor E. Global epidemiology of hepatocellular carcinoma, Liver Cancer, New York Churchill Livingstone. 1997;13-27.
10. Annual Report 1987 National Cancer Registry Programme. New Delhi, Indian Council of Medical Research,1990.
11. Park YM, Sarin SK, Okuda K. Hepatocellular carcinoma in Asia, Hepatitis B and C. Carrier to Cancer, India Elsvier Sciences; 2002. p. 268-71.

12. El-Serag HB. Current concepts hepatocellular carcinoma. New England Journal of Medicine. 2011;365:1118-27.
13. Di Bisceglie AM. Hepatitis B and hepatocellular carcinoma. Hepatology. 2009;49:S56-60.
14. Sherman M. Hepatocellular carcinoma: epidemiology, surveillance, and diagnosis. Semin Liver Dis. 2010;30:3-16.
15. Kohli A, Murphy AA, Agarwal C, Shivakumar B, Kottilil S, Polis MA, et al. HCC surveillance results in earlier HCC detection: results from an Indian cohort. SpringerPlus. 2014;3:1-5.
16. Selhi PK, Narang V, Singh JP, Sood N, Kaur H. Non hematological malignancies in Punjab: an institution based cancer registry data. Indian Journal of Pathology and Oncology. 2017t;4:643-6.
17. Mittal S, El-Serag HB. Epidemiology of HCC: consider the population. Journal of clinical gastroenterology. 2013;47:S2.
18. Jayant K, Nene BM, Dale PS. Rural Cancer Registry at Barshi. Report. 1988;92:1994.
19. Sarin SK, Thakur V, Guptan RC, Saigal S, Malhotra V, Thyagarajan SP, Das BC. Profile of hepatocellular carcinoma in India: an insight into the possible etiologic associations. Journal of gastroenterology and hepatology. 2001;16:666-73.
20. Kumar A, Acharya SK, Singh SP, Saraswat VA, Arora A, Duseja A, et al. (The INASL Task-Force on Hepatocellular Carcinoma). The Indian National Association for Study of the Liver (INASL) consensus on prevention, diagnosis and management of hepatocellular carcinoma in India: The Puri recommendations. J Clin Exp Hepatol. 2014;4:S3-26.
21. Sood A, Midha V, Goyal O, Goyal P, Sood N, Sharma SK. Profile of hepatocellular carcinoma in a tertiary care hospital in Punjab in northern India. Indian Journal of Gastroenterology. 2014;33:35-40.
22. Sood A, Suryaprasad A, Trickey A, Kanchi S, Midha V, Foster MA, et al. The burden of hepatitis C virus infection in Punjab, India: a population-based serosurvey. PloS one.

2018;13:e0200461.

23. Tsukuma H, Hiyama T, Tanaka S, Nakao M, Yabuuchi T, Kitamura T, et al. Risk factors for hepatocellular carcinoma among patients with chronic liver disease. New England journal of medicine. 1993;328:1797-801.
24. Donato F, Tagger A, Gelatti U, Parrinello G, Boffetta P, Albertini A, et al. Alcohol and hepatocellular carcinoma: the effect of lifetime intake and hepatitis virus infections in men and women. American journal of epidemiology. 2002;155:323-31.
25. Nguyen VT, Law MG, Dore GJ. Hepatitis B-related hepatocellular carcinoma: epidemiological characteristics and disease burden. Journal of viral hepatitis. 2009;16:453-63.
26. Huang DQ, El-Serag HB, Loomba R. Global epidemiology of NAFLD-related HCC: trends, predictions, risk factors and prevention. Nature reviews gastroenterology & hepatology. 2021;18:223-38.
27. Desai A, Sandhu A, Lai PJ, Sandhu SD. Hepatocellular carcinoma in non cirrhotic liver: A comprehensive review. World J Hepatol. 2019;11:1-18.
28. Nandennavar IM, Karpurmath VS, Prasad EA. Clinical profile of hepatocellular carcinoma and experience with sorafenib from a tertiary cancer centre in Southern India. Int J ResMed Sci.2017;5:379-383.
29. Luo JC, Hwang SJ, Wu JC, Lai CR, Li CP, Chang FY, et al. Clinical characteristics and prognosis of hepatocellular carcinoma patients with paraneoplastic syndromes. Hepato-gastroenterology. 2002;49:1315-9.
30. Sharma S, Sharma B, Chawla YK, et al. Comparison of 7 staging systems in north Indian cohort of hepatocellular carcinoma. Trop Gastroenterol. 2010;31:271–8.
31. Bruix J, Sherman M. Management of hepatocellular carcinoma. Hepatology. 2005;42:1208-36.
32. Zhang BH, Yang BH, Tang ZY. Randomized controlled trial of

screening for hepatocellular carcinoma. Journal of cancer research and clinical oncology. 2004;130:417-22.

33. EASL-EORTC Clinical Practice Guidelines. Managament of hepatocellular carcinoma. J Hepatol. 2012;56:908-94.
34. Kumar A, Acharya SK, Singh SP, Arora A, Dhiman RK, Aggarwal R, et al. 2019 Update of Indian National Association for Study of the Liver Consensus on Prevention, Diagnosis, and Management of Hepatocellular Carcinoma in India: The Puri II Recommendations. J Clin Exp Hepatol. 2020;10:43-80.
35. Yi C, Song Z, Wan M, Chen Y, Cheng X. Statins intake and risk of liver cancer: A dose-response meta analysis of prospective cohort studies. Medicine (Baltimore). 2017;96:e7435.
36. Dubash SR, Idowu OA, Sharma R. The emerging role of positron emission tomography in hepatocellular carcinoma. Hepatic Oncology. 2015;2:191-200.
37. Rastogi A. Changing role of histopathology in the diagnosis and management of hepatocellular carcinoma. World journal of gastroenterology. 2018;24:4000-13.
38. Sparchez Z, Mocan T. Contemporary role of liver biopsy in hepatocellular carcinoma. World J Hepatol. 2018;10:452–61.
39. Silva MA, Hegab B, Hyde C, Guo B, Buckels JaC, Mirza DF. Needle track seeding following biopsy of liver lesions in the diagnosis of hepatocellular cancer: a systematic review and meta-analysis. Gut. 2008;57:1592–1596.
40. Johnson PJ. The role of serum alpha-fetoprotein estimation in the diagnosis and management of hepatocellular carcinoma. Clinics in liver disease. 2001;5:145-59.
41. Nomura F, Ohnishi K, Tanabe Y. Clinical features and prognosis of hepatocellular carcinoma with reference to serum alphafetoprotein levels. Analysis of 606 patients. Cancer. 1989;64:1700–7.
42. Hakeem AR, Young RS, Marangoni G, Lodge JP, Prasad KR. Systematic review: the prognostic role of alpha-fetoprotein

following liver transplantation for hepatocellular carcinoma. Alimentary pharmacology & therapeutics. 2012;35:987-99.

43. Kudo M, Izumi N, Kokudo N, Matsui O, Sakamoto M, Nakashima O, et al. Management of hepatocellular carcinoma in Japan: Consensus-Based Clinical Practice Guidelines proposed by the Japan Society of Hepatology (JSH) 2010 updated version. Dig Dis. 2011;29:339-64.
44. Xing H, Yan C, Cheng L, Wang N, Dai S, Yuan J, et al. Clinical application of protein induced by vitamin K antagonist-II as a biomarker in hepatocellular carcinoma. Tumor Biology. 2016;37:15447-56.
45. Cillo U, Bassanello M, Vitale A, Grigoletto FA, Burra P, Fagiuoli S, et al. The critical issue of hepatocellular carcinoma prognostic classification: which is the best tool available?. Journal of hepatology. 2004;40:124-31.
46. Diaz-Gonzalez A, Reig M, Bruix J. Treatment of hepatocellular carcinoma. Digestive Diseases. 2016;34:597-602.
47. Hasegawa K, Kokudo N, Makuuchi M, Izumi N, Ichida T, Kudo M, et al. Comparison of resection and ablation for hepatocellular carcinoma: a cohort study based on a Japanese nationwide survey. Journal of hepatology. 2013;58:724-9.
48. Zheng C, Hao H, Chen L, Shao J. Long noncoding RNAs as novel serum biomarkers for the diagnosis of hepatocellular carcinoma: a systematic review and meta-analysis. Clinical and Translational Oncology. 2017;19:961-8.
49. Zucman-Rossi J. Molecular classification of hepatocellular carcinoma. Dig Liver Dis. 2010;42:S235-41.
50. Tan Y, Zhang W, Jiang L, Yang J, Yan L. Efficacy and safety of anatomic resection versus nonanatomic resection in patients with hepatocellular carcinoma: A systemic review and meta-analysis. PLoS One. 2017;12:e0186930.
51. Livraghi T, Meloni F, Di Stasi M, Rolle E, Solbiati L, Tinelli C, et al. Sustained complete response and complications rates after

radiofrequency ablation of very early hepatocellular carcinoma in cirrhosis: Is resection still the treatment of choice?. Hepatology. 2008;47:82-9.

52. Hao S, Fan P, Chen S, Tu C, Wan C. Anterior approach to improve the long-term outcome in patients with large-size hepatocellular carcinoma having liver resection. Journal of Surgical Oncology. 2016;114:872-8.
53. Poliektov N, Johnson DT. Treatment of liver tumors with transarterial chemoembolization. Semin Interv Radiol. 2018;35:350–355.
54. Raoul JL, Forner A, Bolondi L, Cheung TT, Kloeckner R, de Baere T. Updated use of TACE for hepatocellular carcinoma treatment: How and when to use it based on clinical evidence. Cancer treatment reviews. 2019;72:28-36.
55. Kim DY. New systemic therapies for advanced hepatocellular carcinoma. Korean J Gastroenterol Taehan Sohwagi Hakhoe Chi. 2019;73:10–15.
56. Abdel-Rahman O, Lamarca A. Development of sorafenib-related side effects in patients diagnosed with advanced hepatocellular carcinoma treated with sorafenib: a systematic-review and meta-analysis of the impact on survival. Expert Review of Gastroenterology & Hepatology. 2017;11:75-83.
57. Pawlik TM, Reyes DK, Cosgrove D, Kamel IR, Bhagat N, Geschwind JF. Phase II trial of sorafenib combined with concurrent transarterial chemoembolization with drug-eluting beads for hepatocellular carcinoma. Journal of Clinical Oncology. 2011;29:3960.
58. Marquardt JU, Saborowski A, Czauderna C, Vogel A. The changing landscape of systemic treatment of advanced hepatocellular carcinoma: new targeted agents and immunotherapies. Targeted Oncology. 2019;14:115-23.

59. Wang J-C, Xia A-L, Xu Y, Lu X-J. Comprehensive treatments for hepatocellular carcinoma with portal vein tumor thrombosis. J Cell Physiol. 2019;234:1062–70
60. Hsu C-Y, Liu P-H, Ho S-Y, et al. Impact of tumor burden on prognostic prediction for patients with terminal stage hepatocellular carcinoma: a nomogram study. PLoS One. 2017;12:e0188031
61. Giannini EG, Farinati F, Ciccarese F, Pecorelli A, Rapaccini GL, Di Marco M, et al. Italian Liver Cancer (ITA.LI.CA) group. Prognosis of untreated hepatocellular carcinoma. Hepatology. 2015;61:184-90.
62. Kumar M, Panda D. Role of supportive care for terminal stage hepatocellular carcinoma. J Clin Exp Hepatol. 2014;4:130-9.
63. Sempokuya T, Wong LL. Ten-year survival and recurrence of hepatocellular cancer. Hepatoma Res. 2019;5:38.
64. European Association for the Study of the Liver. Electronic address: easloffice@easloffice.eu; European Association for the Study of the Liver. EASL Clinical Practice Guidelines: Management of hepatocellular carcinoma. J Hepatol. 2018; 69:182-236.
65. International Consensus Group for Hepatocellular Neoplasia. The International Consensus Group for Hepatocellular Neoplasia. Pathologic diagnosis of early hepatocellular carcinoma: a report of the international consensus group for hepatocellular neoplasia. Hepatology. 2009;49:658-64
66. Nagtegaal ID, Odze RD, Klimstra D, Paradis V, Rugge M, Schirmacher P, et al. WHO Classification of Tumours Editorial Board. The 2019 WHO classification of tumours of the digestive system. Histopathology. 2020;76:182-188.
67. Joshi N, Kumar A, Rani MS, Chandra N, Ramanjaneyulu ER. Clinical and aetiological profile of hepatoma at a tertiary care centre. Trop Gastroenterol. 2003;24:73-5.

68. Saini N, Bhagat A, Sharma S, Duseja A, Chawla Y. Evaluation of clinical and biochemical parameters in hepatocellular carcinoma: experience from an Indian center. Clin Chim Acta. 2006;371:183-6
69. Kumar R, Saraswat MK, Sharma BC, Sakhuja P, Sarin SK. Characteristics of hepatocellular carcinoma in India: a retrospective analysis of 191 cases. QJM. 2008;101:479-85
70. Le VQ, Nguyen VH, Nguyen VH, Nguyen TL, Sudenga SL, Trinh LH, et al. Epidemiological Characteristics of Advanced Hepatocellular Carcinoma in the Northern Region of Vietnam. Cancer Control. 2019;26:1073274819862793
71. Gala K, Eisa M, Safadi S, Rojas PG, Cahill M, Tella M, et al. S0995 Incidentally Diagnosed Hepatocellular Carcinoma: Root Cause Analysis and Characteristics. Official journal of the American College of Gastroenterology. ACG. 2020;115:S506-7.
72. Paul BS, Chalamalasetty BS. Clinial Profile, Etiology and Therapeutic Outcome in 324 Hepatocellular Carcinoma Patients at a Tertiary Care Center in India. Oncology. 2009;77:162-171.
73. Agarwal AK, Manvi KN, Mehta JM, Shah MJ. Clinical diagnosis of hepatoma. J Assoc Physicians India. 1966;14:465-8
74. Singh SV, Goyal SK, Chowdhury BL. Primary carcinoma of liver in Udaipur. J Ass Phys India. 1971;19:693-5.
75. Leong TY, Leong AS. Epidemiology and carcinogenesis of hepatocellular carcinoma. Hpb. 2005;7:5-15.
76. Lee DH, Lee JM. Primary malignant tumours in the non-cirrhotic liver. Eur J Radiol. 2017;95:349-361.
77. Shaker MK, Abdella HM, Khalifa MO, El Dorry AK. Epidemiological characteristics of hepatocellular carcinoma in Egypt: a retrospective analysis of 1313 cases. Liver Int. 2013;33:1601-6
78. Hill PG, Johnson S, Madanagopalan N. Serum alpha-feto-protein and hepatitis B antigen in subjects with hepatoma in south India. Indian Journal of Medical Research. 1977;65:482-7.

79. Collier J, Sherman M. Screening for hepatocellular carcinoma. Hepatology. 1998;27:273-8.
80. Okuda K. Early recognition of hepatocellular carcinoma. Hepatology. 1986;6:729-38
81. Ahmed Mohammed HF, Roberts LR. Should AFP (or any biomarkers) be used for HCC surveillance? Curr Hepatol Rep. 2017;16:137-145.
82. Watanabe A, Yamamoto H, Ito T, Nagashima H. Diagnosis, treatment and prognosis of small hepatocellular carcinoma. Hepatogastroenterology. 1986;33:52-5.
83. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. Int J Cancer. 2010;127:2893-917.
84. Shariff MI, Cox IJ, Gomaa AI, Khan SA, Gedroyc W, Taylor-Robinson SD. Hepatocellular carcinoma: current trends in worldwide epidemiology, risk factors, diagnosis and therapeutics. Expert Rev Gastroenterol Hepatol. 2009;3:353-67.
85. Zhu RX, Seto WK, Lai CL, Yuen MF. Epidemiology of Hepatocellular Carcinoma in the Asia-Pacific Region. Gut Liver. 2016;10:332-9
86. Parkin DM. The global health burden of infection-associated cancers in the year 2002. Int J Cancer. 2006;118:3030-44.
87. Abbasi A, Butt N, Bhutto AR, Gulzar K, Munir SM. Hepatocellular carcinoma: a clinicopathological study. J Coll Physicians Surg Pak. 2010;20:510-3.
88. Butt AK, Khan AA, Alam A. Hepatocellualar carcinoma:analysis of 76 cases. J Pak Med Assoc. 1998;48:197-201.
89. Petruzziello A, Marigliano S, Loquercio G, Cozzolino A, Cacciapuoti C. Global epidemiology of hepatitis C virus infection: An up-date of the distribution and circulation of hepatitis C virus genotypes. World J Gastroenterol. 2016;22:7824-40.
90. Puri P, Anand AC, Saraswat VA, Acharya SK, Sarin SK, Dhiman RK, et al. Consensus Statement of HCV Task Force of the Indian

National Association for Study of the Liver (INASL). Part II: INASL Recommendations for Management of HCV in India. J Clin Exp Hepatol. 2014;4:117-40.

91. Sood A, Sarin SK, Midha V, Hissar S, Sood N, Bansal P, et al. Prevalence of hepatitis C virus in a selected geographical area of northern India: a population based survey. Indian J Gastroenterol. 2012;31:232-6.
92. Ali SA, Donahue RM, Qureshi H, Vermund SH. Hepatitis B and hepatitis C in Pakistan: prevalence and risk factors. Int J Infect Dis. 2009;13:9-19.
93. Jagadeesan S, Patel P. Epidemiology, pattern and prevalence of alcohol consumption in India: need for public health action. International Journal of Community Medicine and Public Health. 2021;8:2070.
94. Chavan BS, Garg R, Das S, Puri S, Banavaram AA. Prevalence of substance use disorders in Punjab: Findings from National Mental Health Survey. Indian J Med Res. 2019;149:489-496.
95. Agrawal S, Duseja A. Nonalcoholic Fatty Liver Disease--The Clinician's Perspective. Trop Gastroenterol. 2014;35:212-21
96. Kalra S, Vithalani M, Gulati G, Kulkarni CM, Kadam Y, Pallivathukkal J,et al. Study of prevalence of nonalcoholic fatty liver disease (NAFLD) in type 2 diabetes patients in India (SPRINT). J Assoc Physicians India. 2013;61:448-53.
97. Kumar M, Kumar R, Hissar SS, Saraswat MK, Sharma BC, Sakhuja P, et al. Risk factors analysis for hepatocellular carcinoma in patients with and without cirrhosis: a case-control study of 213 hepatocellular carcinoma patients from India. J Gastroenterol Hepatol. 2007;22:1104-11.
98. Donato F, Boffetta P, Puoti M. A meta-analysis of epidemiological studies on the combined effect of hepatitis B and C virus infections in causing hepatocellular carcinoma. Int J Cancer. 1998 ;75:347-54.

99. Uka K, Aikata H, Takaki S, Shirakawa H, Jeong SC, Yamashina K, et al. Clinical features and prognosis of patients with extrahepatic metastases from hepatocellular carcinoma. World J Gastroenterol. 2007;13:414-20.
100. Katyal S, Oliver JH 3rd, Peterson MS, Ferris JV, Carr BS, Baron RL. Extrahepatic metastases of hepatocellular carcinoma. Radiology. 2000;216:698-703.
101. Bouza C, López-Cuadrado T, Alcázar R, Saz-Parkinson Z, Amate JM. Meta-analysis of percutaneous radiofrequency ablation versus ethanol injection in hepatocellular carcinoma. BMC gastroenterology. 2009;9:1-9.
102. Yang B, Zan RY, Wang SY, Li XL, Wei ML, Guo WH, et al. Radiofrequency ablation versus percutaneous ethanol injection for hepatocellular carcinoma: a meta-analysis of randomized controlled trials. World J Surg Oncol. 2015;13:96.
103. Zhu ZX, Liao MH, Wang XX, Huang JW. Radiofrequency ablation with or without ethanol injection for hepatocellular carcinoma: a systematic review and meta-analysis. Minerva Med. 2016;107:381-391
104. Ng KKC, Chok KSH, Chan ACY, Cheung TT, Wong TCL, Fung JYY, et al. Randomized clinical trial of hepatic resection versus radiofrequency ablation for early-stage hepatocellular carcinoma. Br J Surg. 2017;104:1775-1784.
105. Jia JB, Zhang D, Ludwig JM, Kim HS. Radiofrequency ablation versus resection for hepatocellular carcinoma in patients with Child-Pugh A liver cirrhosis: a meta-analysis. Clin Radiol. 2017;72:1066-1075.
106. Majumdar A, Roccarina D, Thorburn D, Davidson BR, Tsochatzis E, Gurusamy KS. Management of people with early- or very early-stage hepatocellular carcinoma: an attempted network meta-analysis. Cochrane Database Syst Rev. 2017;3:CD011650.
107. Menahem B, Lubrano J, Duvoux C, Mulliri A, Alves A, Costentin C, et al. Liver transplantation versus liver resection for

hepatocellular carcinoma in intention to treat: An attempt to perform an ideal meta-analysis. Liver Transpl. 2017;23:836-844

108. Pons F, Varela M, Llovet JM. Staging systems in hepatocellular carcinoma. HPB (Oxford). 2005;7:35-41.
109. Abdelaziz AO, Nabeel MM, Elbaz TM, Shousha HI, Hassan EM, Mahmoud SH, et al. Microwave ablation versus transarterial chemoembolization in large hepatocellular carcinoma: prospective analysis. Scand J Gastroenterol. 2015;50:479-84.
110. hen S, Shi M, Shen L, Qi H, Wan W, Cao F, et al. Microwave ablation versus sorafenib for intermediate-Stage Hepatocellular carcinoma with transcatheter arterial chemoembolization refractoriness: a propensity score matching analysis. Int J Hyperthermia. 2020;37:384-391.
111. Dai WC, Cheung TT, Chok KS, Chan AC, Sharr WW, Tsang SH, et al. Radiofrequency ablation versus transarterial chemoembolization for unresectable solitary hepatocellular carcinomas sized 5–8 cm. HPB. 2015;17:226-31.
112. Yang DJ, Luo KL, Liu H, Cai B, Tao GQ, Su XF, et al. Meta-analysis of transcatheter arterial chemoembolization plus radiofrequency ablation versus transcatheter arterial chemoembolization alone for hepatocellular carcinoma. Oncotarget. 2017;8:2960-2970.
113. Roccarina D, Majumdar A, Thorburn D, Davidson BR, Tsochatzis E, Gurusamy KS. Management of people with intermediate-stage hepatocellular carcinoma: an attempted network meta-analysis. Cochrane Database Syst Rev. 2017;3:CD011649.
114. Giannini EG, Bucci L, Garuti F, Brunacci M, Lenzi B, Valente M, et al. Italian Liver Cancer (ITA.LI.CA) group. Patients with advanced hepatocellular carcinoma need a personalized management: A lesson from clinical practice. Hepatology. 2018;67:1784-96.
115. Kim DY. New systemic therapies for advanced hepatocellular carcinoma. Korean J Gastroenterol Taehan Sohwagi Hakhoe Chi. 2019;73:10–15

116. Liu C, Li T, He JT, Shao H. TACE combined with microwave ablation therapy vs. TACE alone for treatment of early- and intermediate-stage hepatocellular carcinomas larger than 5 cm: a meta-analysis. Diagn Interv Radiol. 2020;26:575-83
117. Patidar Y, Garg L, Mukund A, Sarin SK. Early experience of combination therapy of transarterial chemoembolization and radiofrequency ablation for hepatocellular carcinoma measuring 3-7 cm. Indian J Radiol Imaging. 2019;29:47-52.

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Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 22.01.2021 has approved the plan of thesis of **Ankita Bansal**, a student of your college for **MD General Medicine** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis
To study the clinical profile and outcome of patients with hepatocellular carcinoma

Supervisor
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The student has to submit the three copies of thesis (along with PDF format) , to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She must directed to attach a photocopy of this letter with the forwarding letter while submitting thesis to the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic,(if any).

Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

1. ***If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.***
2. *The student may submit the thesis as per the schedule already conveyed i.e for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED

IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF MEDICINE

IN

MEDICINE

OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT

NOVEMBER, 2019

DR. ANKITA BANSAL

DEPARTMENT OF MEDICINE
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ABSTRACT OF PLAN OF THESIS

Title	TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA
For the degree of	M.D. (Medicine)
Name of the candidate	Dr. Ankita Bansal
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Introduction: Hepatocellular carcinoma (HCC) is a major health burden and one of the few neoplasms whose incidence and mortality rates have been steadily increasing. HCC typically arises in the background of cirrhosis, however 20% of cases can develop in a non-cirrhotic liver.

Aim of Study: 1)To study the etiological factors and different clinical presentations of hepatocellular carcinoma. 2) To study the treatment modalities and various outcomes of hepatocellular carcinoma.

Materials & Methods: All patients diagnosed to have hepatocellular carcinoma (HCC) visiting in outpatient/inpatient departments of Medicine, Gastroenterology and Oncology in the time period of one and half years (Jan 2020 to March 2021) will be studied. HCC will be diagnosed according to EASL criteria based on USG/CT/MRI of abdomen and /or serum AFP and /or histology (where indicated). Detailed clinical and laboratory parameters will be studied. Barcelona Clinic Liver Staging (BCLC) will be done on diagnosed cases of HCC.

Clinical Significance: Liver cancer incidence has more than tripled since 1980.The epidemiology and clinical profile of HCC varies worldwide and data from developing countries are sparse .India is a vast country and therefore the spectrum of malignancies display regional variations too. In 2018, Government of Punjab conducted a population-based registry, which placed Punjab on the top of cancer prevalence list with 90 cancer patients per 1 lakh population as compared to national average of 80 cancer patients per 1 lakh population. Out of which,cancer of the liver accounted for 1.42% of all cancers in males and 0.96% in females in Punjab. This study will summarize the current knowledge regarding the etiology, clinical profile and outcome of HCC patients in a tertiary care center (DMCH PUNJAB) in India.

Keywords: Clinical profile, Outcome, hepatocellular carcinoma.

(Signature) Candidate	(Signature) Co-supervisor	(Signature) Co-supervisor	(Signature) Supervisor	(Signature) Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis entitled as "TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA" exist in the Department of Medicine, Dayanand Medical College & Hospital, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate himself under our supervision and guidance.

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Date of enrollment	6 MAY, 2019
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Approved: Yes / ~~No~~

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BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION

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2	NAME OF THE INSTITUTE	Dayanand Medical College and Hospital
3	COURSE OF STUDY AND SUBJECT	DOCTOR OF MEDICINE IN GENERAL MEDICINE
4	DATE OF ADMISSION OF COURSE	6th MAY,2019
5	TITLE OF THE TOPIC	To study the clinical profile and outcome in patients with hepatocellular carcinoma

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Hepatocellular carcinoma (HCC) is a major health problem and a major cause of cancer mortality in all parts of the world. Overall liver cancers account for 7% of all cancers, out of which hepatocellular carcinoma accounts for 85 to 90% of the cases of primary liver cancer. Despite being the sixth most common cancer in the world, it is the second leading cause of cancer related deaths in the world .It is one of the few neoplasms whose incidence and mortality rates have been steadily increasing.

The epidemiology and clinical profile of hepatocellular carcinoma varies worldwide and data from the developing countries (Asian and American economies) is limited .The disease burden is highest in areas with endemic hepatitis b virus infection such as in [1] Subsaharan Africa and Eastern Asia, with incidence rate of 20 per 1lakh population. Whereas, Mediterranean countries such as Italy, Spain have intermediate incidence rate of 10-20 per 1 lakh population. North-South America have low incidence rate of less than 5 per 1 lakh population.

Hepatocellular carcinoma is multifactorial in etiology. Major predisposing factors for HCC include chronic hepatitis B infection, chronic hepatitis C infection, alcoholic cirrhosis, autoimmune chronic active hepatitis, hereditary hemochromatosis, etc. Other minor risk factors for HCC included are primary biliary cirrhosis, Wilson disease, drug induced etc.

According to data[2] reported in India, the incidence of hepatocellular carcinoma can be expected to increase in coming years due to rising prevalence of two major risk factors for it in form of chronic hepatitis C (1-1.9%) (Sievert et al.2011) and active hepatitis B (~2.4%) (Batham et al.2007). It is a major cause of death in patients with chronic hepatitis C virus infection and is responsible for approximately 1 million deaths each year. According to study conducted by[2] Ferlay et al, in 2010 there were 19,000 new cases of hepatocellular carcinoma and 17,000

deaths due to hepatocellular carcinoma annually in India and according to[3] data in year 2018, annual death rate of HCC was more than 25,000.

Hepatocellular carcinoma has strong male preponderance with male to female ratio estimated to be 2.5. Mean age of presentation is 52 years. Incidence increases with advancing age reaching peak at 65 to 70years old. According to[4] National Center for health Statistics (NCHS), overall death rates have increased significantly for both genders, with death rates for men 2 to 2.5 times the rate for women from 2000 through 2019.

Clinical presentation of HCC is very variable. Common symptoms are right hypochondrial pain, weight loss, abdominal swelling, jaundice, loss of apetite. Signs can be tender hepatomegaly, ascites, jaundice, hepatic bruit, wasting etc. Also it possess multiple challenges in diagnosis and treatment despite advancements made in diagnostic, surgical and other therapeutic modalities for HCC in Punjab in past few years .HCC is usually screened by ultrasonography in which two third of the tumors are hyperechoic, rest show mixed density. Tumor markers used for HCC diagnosis are alphafetoprotein (AFP), alpha-L-fucosidase etc. Other imaging modalities included are CT, MRI, hepatic angiography. Needle liver biopsy gives histological confirmation to the diagnosis. Treatment modalities include surgical resection, chemotherapy, radiofrequency ablation etc

In 2017, government of Punjab conducted a population based registry[5] in which liver cancer accounted for 1.42% of all cancers in males and 0.96% of all cancers in females. However, these studies performed on the epidemiology of HCC in North India are limited. Also there is overall dearth of literature on presentation and outcome of hepatocellular carcinoma patients in North India so, there is a need for further research to explore these data on HCC. Thus this study needs to be conducted.

Our study aims at studying the clinico-etiological profile of patients presenting to Dayanand Medical College and Hospital diagnosed with

HCC and then assessing the short term outcomes in these patients for a duration of 3months.

6.2 REVIEW OF LITERATURE

Hepatocellular carcinoma (HCC) is a major cause of morbidity and mortality in all parts of the world. It is the sixth most common cancer and accounts for 7%of all cancers worldwide.[6] It is the second leading cause of cancer related deaths in the world. Incidence of HCC is rising primarily due to chronic hepatitis B and C infections. HCC has a strong male preponderance with male to female ratio estimated to be 2.5:1.

RISK FACTORS:

Risk factors for HCC are well established. In a study conducted from September[7] 2007 to August 2010 in Punjab, underlying cirrhosis was found to be present in 99.2% cases. Hepatitis C virus infection (HCV),alone (21.9%) or with alcohol(22.9%) was the most common etiological factor, followed by alcohol alone; 33.6% of the patients had more than one etiological factor. A [7] cross sectional study conducted over 5,543 individuals in Punjab from October 2013 to April 2014, suggested an overall anti-HCV prevalence of 3.6% and chronic infection of 2.6%. Longterm [8]follow up studies have established an annual risk of HCC development of 2% in HBV Infected cirrhotic patients and 3 to 7% in HCV infected cirrhotic patients. HCC is less common in [9] cirrhosis associated with alpha1 antitrypsin deficiency, autoimmunehepatitis, Wilson disease and cholestatic disorders.

CLINICAL FEATURES:

Clinical profile is very variable. The median age of presentation according to studies reported in India is 52 yrs with male to female ratio 2.5:.Nandennavar et al. have reported abdominal pain or discomfort as the dominating symptom in 77% of the patients studied ,followed by abdominal distension (37.5%) and loss of apetite and/or loss of weight (33.3%)[10]Mukjerjee et al. Kumar et al. too reported weakness and anorexia as the main presenting features in their study of patients in north India.Other symptoms include jaundice, fever, generalized body weakness, paraneoplastic[11] syndrome of hypercalcemia or hypoglycemia.

DIAGNOSIS: EASL [12]consensus diagnostic criteria for HCC-

Cyto-histological criteria
Radiological criteria :two coincident imaging techniques
Focal lesion more than 2 cm with arterial hypervascularisation
Combined criteria ;one imaging technique associated with elevated serum AFP levels
Focal lesion more than 2cm with arterial hypervascularisation
Noninvasive criteria (restricted to patients with cirrhosis)
AFP levels more than 400ng/ml

False positive AFP[13] levels can occur in spina bifida ,umbilical hernia ,benign liver disease ,ATM , nonseminomatous germ cell tumors.

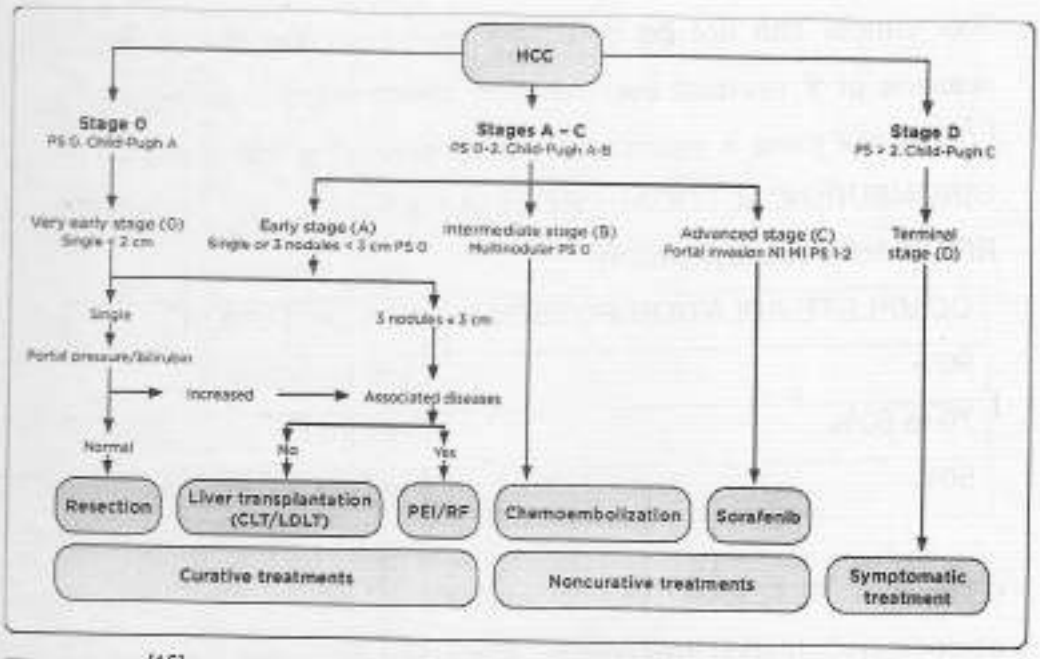
SERUM AFP LEVELS	SENSTIVITY% RANGE	SPECIFICITY%RANGE
>20ng/ml	41-65	80-94
>200ng/ml	20-45	91-100
>400ng/ml	<20	91-100
SENSTIVITY OF LIVER BIOPSY	TUMOR SIZE IN cm	
70-90%	For all size more than 2 cm	
<50%	1-2cm size	

Role of liver needle biopsy-the risk of [14]complications such as tumor seeding and bleeding after liver biopsy is 3%.

TREATMENT:

STAGING SYSTEM –Various staging systems canbe used for HCC staging- TNM or OKUDA .Grieco et al and Marrereo at al have compared all systems available and validated the BCLC[15]system in U.S and Italian patients, respectively.

BCLC STAGING and THERAPEUTIC strategy



There are[15] no studies that compare treatments considered effective for early stage disease nor are there studies comparing these methods to no treatment. The therapies that are known to offer a high rate of complete responses and thus a potential for cure are [16] surgical resection, transplantation and percutaneous transplantation.

Among noncurative therapies, the only one that has been shown to positively impact survival is TACE/transarterial chemoembolization.

Therefore Treatment can be discussed under 2 broad categories

1) POTENTIALLY CURATIVE THERAPIES IN BCLC STAGE 0 to A
2) A)SURGICAL RESECTION- constitutes the backbone of curative treatment in cases of early HCC. It is treatment of choice in patients with localized tumor spread and small sized cancers and tumors in noncirrhotic liver.

CANDIDATES FOR SURGERY
1.Moderately impaired liver function(CHILD STAGE A CIRRHOSIS)
2. no evidence of portal HT
3.normal bilirubin levels
4.no tumor invasion of portal vein or hepatic vein or neighbouring organs

B)LIVER TRANSPLANTATION-is an alternative therapeutic option, if

liver cancer can not be cured by local resection due to anatomical reasons or if residual liver function after resection anticipated to be [17]poor or if there is multinodular tumor spreading into both liver lobes.

C)NONSURGICAL LOCAL PROCEDURES

RFA/radiofrequencyablation-

COMPLETE ABLATION POSSIBLE	SIZE OF TUMOR
90%	Less than 2cm
70 to 80%	Less than 3 cm
50%	3 to 5cm

OTHER ALTERNATIVEMODALITIES can be microwave ablation.cryoablation,irreversible electroporation etc.these therapies are under trial.

D) ADJUVANT THERAPY

In form of antivirals for hepatitis B can be tried after local resection of tumor.

2)PALLIATIVE THERAPY IN BCLC STAGES B AND C - includes modalities like

A) TACE/transarterialchemoembolization[18,19] – is most frequently used palliative therapy for HCC not suited for surgery or definitive care.

B)DEB TACE/ TACE using drug eluting beads- doxorubicin drugs are used, but associated with more GIT side effects than TACE alone.

C)RADIOTHERAPY WITH YTTRIUM -90 MICROSPHERES/selective internal radiation therapy (SIRT)-[19]Randomised controlled trials comparing radioembolization to other treatment strategies are not yet available.

D)SYSTEMIC CHEMOTHERAPY-with conventional anti-cancer drugs does not seem to offer survival benefits, whether given as a single agent or as part of combination chemotherapy .

E)MOLECULAR TARGETED THERAPEUTIC STRATEGIES-.[19]According to GLOBOCAN 2017 data, Sorafenib is the only drug that has demonstrated a survival benefit over best supportive care. Other drugs under trial are lenvatinib, Regorafenib, Cabozatinib.

OUTCOME IN HCC PATIENTS:

Symptomatic hepatocellular carcinoma has a graveprognosis.Infact annual incidence and mortality rates for the tumor are almost identical. A recent case published by [20]Mafeld et al showed HCC has a 70% 5-yr survival following surgical resection whereas for unresectable disease, the 5-yr survival rate is 0-5% with a median survival of 12months.

6.3 AIMS AND OBJECTIVES OF THE STUDY

- To study the etiological factors and different clinical presentations of hepatocellular carcinoma.
- To study the treatment modalities and various outcomes of hepatocellular carcinoma.

7. MATERIALS AND METHODS

- HCC will be diagnosed according to EASL criteria based on USG/CT/MRI of abdomen and /or serum AFP and /or histology(where indicated).Detailed clinical and laboratory parameters will be studied.
- Barcelona Clinic Liver Staging (BCLC) will be done on diagnosed cases of HCC.

7.1 Source of Data

All patients diagnosed to have hepatocellular carcinoma (HCC) visiting in outpatient/inpatient departments of Medicine, Gastroenterology and Oncology in the time period of one and half years(Jan2020 to March 2021)will be the source of data.

7.2 METHOD OF COLLECTION OF DATA

- **Inclusion Criteria** :

Patients of any age and either gender with diagnosis of hepatocellular carcinoma, who give consent for inclusion criteria in the study will be diagnosed by following methods:

1)USG/CT findings suggestive of HCC

2)High AFP levels(>400ng/ml)

3)FNAC suggestive of HCC(wherever possible)

Exclusion Criteria : 1)patients who do not fulfill the minimum criteria by AFP and imaging studies.

2) Patients who do not give consent for inclusion in the study.

OUTCOME

To study the survival period for 3 months after the treatment offered.

STATISTICAL ANALYSIS

Data will be described in terms of range; mean ±standard deviation (± SD), frequencies (number of cases) and relative frequencies (percentages) as appropriate. All statistical calculations will be done using SPSS (Statistical Package for the Social Science) SPSS 21 version statistical program for Microsoft Windows.

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER

HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEFLY.

NO

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

NOT APPLICABLE

LIST OF REFERENCES

1. Rawla P, Sunkara T, Muralidharan P, Raj PJ. update in global trends and etiology of hepatocellular carcinoma. Contemp Oncol. 2018;22:141-50.
2. Kohli A, Murphy AA, Agarwal C, Shivakumar B, Kottil S, Polis MA, et al. HCC surveillance results in earlier HCC detection: results from an Indian cohort. Springer Plus. 2014,3:610
3. Islami F, Dikshit R, Mallath KM, Jernal A. Cancer epidemiology. 2016;79-86.
4. Xu J. Steady increase in liver cancer death rates observed in adults aged 25 and older. Oncology fellows; 2018.
5. 5.Selhi KP, Narang V, Singh PJ, Sood N, Kaur H. Nonhematological malignances in Punjab: an institution based cance registry data. Indian journal of pathology and oncology. 2017;4:643-6.
6. Mittal S, El-Serag HB. Epidemiology of HCC. Consider the Population. J Clinical Gastroenterology. 2013;47:S2–6.
7. Sood A, Midha V, Goyal 0,Goyal P, Sood N, Sharma SK. Profile of hepatocellular carcinoma in a tertiary care hospital in Punjab in northern India. Indian J Gastroenterol. 2014;3:35-40.
8. Sood A, Suryaprasad A. Trickey A, Kanchi S, Midha V, Foster MA et al. The burden of hepatitis C virus infection in Punjab, India : A population –based serosurvey. PLoS One. 2018;13(7).
9. Tsukuma H, Hiyama T, Tanaka S. Risk factors for hepatocellular carcinoma among patients with chronic liver disaese. N Engl J Med. 1993;328:1797-801.
10. Cong PY, Imagawa DK, Hoefes J, Hu KQ. Clinical Presentation of Hepatocellular Carcinoma (HCC) in Asian-Americans Versus Non-Asian-Americans. J Immigr Minor Health. 2011;13: 842–8.
11. Luo JC, Hwang SJ, Wu JC. Clinical characteristics and prognosis of hepatocellular carcinoma in patients with păraneoplastic syndromes. Hepatogastroenterology. 2002;49:1315-9...

12. EASL-EORTC Clinical Practice Guidelines. Managament of hepatocellular carcinoma. J Hepatol. 2012;56:908-94.
13. Marrero JA, Feng Z, Wang Y, Nguyen MH, Befeler AS, Roberts LR, et al. Alpha-fetoprotein, des-gamma carboxyprothrombin and lectin bound alpha-fetoprotein in early hepatocellular carcinoma. Gastroenterology. 2009;137:110-8.
14. Jian D. Tissue diagnosis of hepatocellular carcinoma. J Clin Exp Hepatol. 2014;4:S67-S73.
15. Vitale A, Saracino E, Boccagni P, Brolese A, D'Amico F, Gringeri E, et al. Validation of the BCLC prognostic system in surgical hepatocellular carcinoma patients. Transplant Proc. 2009;41:1260-3.
16. Llovet JM, Fuster J, Bruix J. Intention to treat analysis of surgical treatment for early hepatocellular carcinoma: resection vs transplantation. Hepatology. 1990;30:1434-40.
17. Clavien PA, Lesurtel M, Bossuyt PM. Recommendations for liver transplantation for hepatocellular carcinoma: an international consensus conference report. Lancet Oncology. 2012;13:e11-e223.
18. Hasegawa K, Kokudo N, Makuuchi M, Lzumi N, Ichida T, Kudo M, et al. Comparison of resection and ablation for hepatocellular carcinoma: a cohort study based on a Japanese nationwide survey. J hepatol 2013;58:724-9.
19. Pawlik TM, Reyes DK, Cosgrove D, KamelIR, Bhagat N, Geschwind JF. Phase II trial of sorafenib combined with concurrent transarterial chemoembolization with drug-eluting beads for hepatocellular carcinoma. J Clin Oncol. 2011;29:3960-6
20. Cabibbo G, Enea M, Attanasio M, Bruix J, Craxi A, Camma C. A meta-analysis of survival rates of untreated patients in randomized clinical trials of hepatocellular carcinoma. Hepatology. 2010;51:1274-83.

PROFORMA

SR NO.

NAME

AGE & GENDER

FATHER'S/ HUSBAND 'S NAME

ADDRESS

MRD NO.

ADMISSION NO.

DATE OF ADMISSION

DIAGNOSIS

YEAR AND MONTH OF DIAGNOSIS

CLINICAL PRESENTATION

CLINICAL PRESENTATION	YES/NO	IF YES -DURATION
A)INCIDENTAL FINDING		
B)SYMPTOMATIC		
Abdominal pain/discomfort		
Abdominal swelling/distension		
Weight loss		
Fever		
Oedema feet		
Decreased urine output		
Jaundice		
Generalized body weakness		
Bleeding tendencies		
Bony pains		
Altered sensorium		
GIT bleed		
Others if any		

Signature of Candidate

Signature of Supervisor

PAST HISTORY- Blood transfusion/needle prick injury/ liverdisease/jaundice/chemotherapy/immunosuppressants/herbal medications/acupuncture/dental extraction/ear piercing/surgery

FAMILY HISTORY- hepatic disease/hepatocellularcarcinoma

PERSONAL HISTORY-

Alcohol addiction- last alcohol intake/regular-occasional/ daily-weekly/ intake amount/duration of intake

Smoking

Opium abuse

Any other drug abuse

Dietary habits

VITAL SIGNS

Pulse(per min)

Blood pressure(mmHg)

Respiratory Rate(per min)

Temperature(degree F)

Weight(in Kg) Height(meters) BMI(Kg/m2)

GENERAL PHYSICAL EXAMINATION (GPE)

Anaemia/icterus/cyanosis/clubbing/koilonychia/lymphadenopathy/JVP/ oedema/peripheral signs of Chronic Liver Disease.

SYSTEMIC EXAMINATION

P/A (per abdomen)

Inspection

Palpation

Percussion

Auscultation

Signature of Candidate Signature of Supervisor

PAST HISTORY- Blood transfusion/needle prick injury/ liverdisease/jaundice/chemotherapy/immunosuppressants/herbal medications/acupuncture/dental extraction/ear piercing/surgery

FAMILY HISTORY- hepatic disease/hepatocellularcarcinoma

PERSONAL HISTORY-

Alcohol addiction- last alcohol intake/regular-occasional/ daily-weekly/ intake amount/duration of intake

Smoking

Opium abuse

Any other drug abuse

Dietary habits

VITAL SIGNS

Pulse(per min)

Blood pressure(mmHg)

Respiratory Rate(per min)

Temperature(degree F)

Weight(in Kg) Height(meters) BMI(Kg/m2)

GENERAL PHYSICAL EXAMINATION (GPE)

Anaemia/icterus/cyanosis/clubbing/koilonychia/lymphadenopathy/JVP/ oedema/peripheral signs of Chronic Liver Disease.

SYSTEMIC EXAMINATION

P/A (per abdomen)

Inspection

Palpation

Percussion

Auscultation

Signature of Candidate Signature of Supervisor

CHEST

CNS

CVS

LABORATORY INVESTIGATIONS

1 .HEMOGRAM	
Hb (gm%)	
PCV(%)	
MCH(pg)	
MCV(ft)	
MCHC(gm%)	
TLC(per mm3)	
DLC(P,M,L.E in %)	
Platelets(per mm3)	
Retic count(per mm3)	
2. LFT-serum bilirubin (mg/dl) Total Direct	
SGOT/AST (U/L)	
SGPT/ALT(U/L)	
ALP(U/L)	
GGT(U/L)	
TOTAL protein(gm%)	
Serum albumin(gm%)	
PT/INR(Sec)	
3.LIPID PROFILE Cholesterol levels (mg/dl) Triglycerides(mg/d)l	
4.Thyroid profile T3/T4/TSH (units/ml)	
5.RFT-	
Serum creatinine(mg%)	
blood urea(mg%)	
Na/k/cl(meq/litre)	
6.VIRAL MARKERS	
HBV infection-HBsAg If HBsAg positive - AntiHBc (IgM/IgG),HBV DNA PCR,HBV viral load	
HCV infection-AntiHCV antibody	

Signature of Candidate

Signature of Supervisor

If AntiHCV antibody positive HCV RNA (PCR),HCV Viral load,genotype	
AntiHIV by ELISA	
7.SERUM AFP LEVELS (ng/ml)	
8.Uppergastrointestinal endoscopy(UGIE)	
9.IMAGINGS- Ultrasonography whole abdomen (USG WA)	
Triphasic Computerized Tomography (TRIPHASIC CT ABDOMEN)	
Magnetic Resonance Imaging Abdomen(MRI ABDOMEN)	
10.Liver biopsy- date, HAI score Grade fibrosis stage	
11.Child Pugh score	
12.MELD score	

Signature of Candidate

Signature of Supervisor

TREATMENT MODALITIES

Treatment modality	Protocol	Date of commencement	Date of completion	Remarks
Medical Sorafenib/Lenvatinib/Regorafinib/Cabozantinib				
Surgical resection Liver transplantation				
Radiological Intervention TACE/TARE/RFA/PEI/ Yttrium/ microspheres/ SIRE				
Conservative Financial constraints/not willing/decompensated cirrhosis				

OUTCOME- Followup for 3 months

Status:- Survival/ Non-Survival

Signature of Candidate

Signature of Supervisor

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o, S/o.....
am willing to participate in the study **"TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

.....
Signature of the Witness

Name:

.....
Signature of the patient

Signature of Candidate

Signature of Supervisor

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य **"TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामुली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____	_____
गवाह के हस्ताक्षर	रोगी के हस्ताक्षर/अंगूठे का निशान
नाम:	नाम:

_____

अन्वेषक के हस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____

"TO STUDY THE CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH HEPATOCELLULAR CARCINOMA" ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਵਿਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਯਕੀਨ ਹੈ ਕੇ ਇਹ ਖਤਰਾ ਬਹੁਤ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ – ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।

ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

_____ _____

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

_____

ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

_____

ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ

Sr. No.	MRD NO	AGE	GENDER	ADMISSION NO	DATE OF ADMISSION	Comorbidities	DIAGNOSIS (ETIOLOGY RELATED CLD,HCC)	YEAR AND MONTH OF DIAGNOSIS	CLINICAL PRESENTATION	SYMPTOM DURATIN BEFORE HCC DIAGNOSIS	Abdominal pain/ discomfort	Abdominal swelling/ distension	Weight loss	Fever	Oedema feet	Decreased urine output	Jaundice	Generalized body weakness	Bleeding tendencies	Bony pains	Altered sensorium	GIT bleed	Others if any(including paraneoplastic manifestations)
1	882091	60	Male	202000149	18/01/2021	TYPE 2 DM	ALCOHOL+HBV+HCV ,HBsAg +, AntiHCVAb	JAN,2020	SYMPTOMATIC	1MONTH	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
2	884136	64	Male	2020004610	21/01/2020	TYPE 2 DM	ALCOHOL	JAN,2020	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	YES	NO	YES	YES	NO	NO	NO	NO	NO
3	823113	80	Male	202004800	21/01/2020	TYPE 2 DM ,HTN	ALCOHOL	0CT,2019	SYMPTOMATIC	6MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO
4	505769	61	Male	2020004716	21/01/2020	TYPE 2 DM ,HTN	ALCOHOL	NOV,2019	SYMPTOMATIC	15DAYS	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO
5	886380	63	Male	2020005578	24/01/2020	TYPE 2 DM ,HTN	HBV RELATED ,HBsAg+	JAN, 2020	SYMPTOMATIC	6MONTHS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO
6	910618	60	Male	2020017301	03-09-2020	NO	ALCOHOL+HCV, AntiHCV Ab+	MAR,2020	SYMPTOMATIC	10DAYS	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
7	923833	50	Male	2020024084	26/04/2020	TYPE 2 DM ,HTN	HBV,HBsAg+	APR,2020	INCIDENTAL FINDING	NOT APPLICABLE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
8	891678	49	Male	202008779	02-03-2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+,HCV RNA+	JAN,2019	SYMPTOMATIC	10DAYS	YES	NO	NO	YES	NO	NO	YES	YES	NO	NO	NO	NO	NO
9	887156	50	Female	2020017882	03-11-2020	NO	HCV RELATED,AntiHCV Ab+,HCV RNA+	FEB,2020	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
10	877660	57	Male	2020024848	05-02-2020	NO	HCV,AntiHCV Ab+,HCV RNA+	JAN.2020	SYMPTOMATIC	6MONTHS	YES	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	LOSS OF APETITE
11	924473	59	Male	2020025049	05-05-2020	TYPE 2 DM ,HTN	HCV,AntiHCV Ab+,HCV RNA+	april,2020	SYMPTOMATIC	12MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
12	77073	51	Female	2020021209	30/03/2020	NO	HCV,AntiHCV Ab+	APRIL.2019	SYMPTOMATIC	12MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
13	901084	64	Male	2020012647	20/02/2020	HTN	HCV RELATED,AntiHCV Ab+,HCV RNA+	feb.2020	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	YES	NO	YES	NO	NO	LOSS OF APETITE
14	774335	65	Male	2020001151	01-06-2020	HTN	HCV RELATED,AntiHCV Ab+	JAN.2020	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
15	899048	57	Male	2020020284	21/3/2020	HTN	NASH	SEP.2019	INCIDENTAL FINDING	NOT APPLICABLE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
16	920910	55	Female	2020021348	31/03/2020	TYPE 2 DM ,HTN	CRYPTOGENIC CIRRHOSIS	APRIL.,2020	SYMPTOMATIC	1MONTH	NO	NO	NO	NO	NO	YES	YES	NO	YES	NO	NO	NO	NO
17	858846	55	Male	2020001274	01-06-2020	TYPE 2 DM ,HTN	ALCOHOL+HCV, AntiHCV Ab+	Jan-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO
18	920963	36	Male	2020023363	20/4/2020	TYPE 2 DM ,HTN	HBV RELATED ,HBsAg+	april,2020	SYMPTOMATIC	12MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
19	560792	64	Male	2020000111	01-01-2020	HTN	ALCOHOL	Jan-20	SYMPTOMATIC	6MONTHS	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	YES	NO
20	499577	47	Male	2020014302	26/2/20202	TYPE 2 DM ,HTN	ALCOHOL	Jan-20	SYMPTOMATIC	15DAYS	YES	YES	YES	NO	NO	YES	YES	NO	NO	NO	NO	NO	NAUSEA
21	924724	50	Male	2020024802	05-02-2020	NO	HCV RELATED,AntiHCV Ab+,HCV RNA+	May-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
22	894143	56	Male	2020008940	02-07-2020	NO	HCV RELATED,AntiHCV Ab+	feb,2020	SYMPTOMATIC	10DAYS	NO	NO	NO	YES	NO	NO	NO	YES	NO	YES	NO	NO	NO
23	910908	66	Male	2020016132	03-04-2020	NO	ALCOHOL,HCV ,AntiHCV Ab +,HCV RNA +	Mar-20	SYMPTOMATIC	6MONTHS	YES	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
24	592026	60	Male	2020011465	16/2/2020	NO	NASH	JAN,2020	SYMPTOMATIC	8MONTHS	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO
25	890580	50	Male	2020007394	31/01/2020	NO	ALCOHOL	Feb-20	SYMPTOMATIC	1MONTH	YES	YES	YES	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO

Sr. No.	MRD NO	PAST HISTORY	FAMILY HISTORY	ALCOHOL	SMOKING	OPIUM ABUSE	OTHER DRUG	DIETARY HABITS	PULSE (min)	SBP (mmHg)	DBP (mmHg)	RR (min)	TEMP (F)	WEIGHT (Kg)	height (m)	BMI (Kg/m2)	GENERAL PHYSICAL EXAMINATION (GPE)	PERIPHERAL SIGNS OF CLD	PER ABDOMEN		
																			INSPECTION	PALPATION	PERCUSSION
1	882091	Alcohol,HEPATITIS B , C RELATED CLDSINCE 10YEARS ,POST SVR 2012 (HEP C), H/O NEEDLE PRICK INJURY PRESENT	NOT RELEVANT	Yes	NO	NO	NO	VEG.	92	120	80	20	98	57.5	1.5	25.1	PALLOR	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
2	884136	ALCOHOL RELATED CLD SINCE 5YEARS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	85	110	80	21	98	71	1.67	25.3	PALLOR ,BILATERAL PEDAL OEDEMA	PALMAR ERYTHEMA	DISTENDED	SPLENOMEGALY	SHIFTING DULLNESS
3	823113	ALD RELATED CLD SINCE 2YEARS	NOT RELEVANT	YES	NO	NO	NO	VEG.	75	110	80	24	97	67	1.6	28.9	PALLOR,ICTERUS	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
4	505769	ALCOHOL RELATED CLD SINCE 10YEARS	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	71	110	70	24	98	73	1.7	29	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
5	886380	HEPATITIS B RELATED CLD SINCE 2YRS	YES	NO	NO	NO	NO	VEG.	84	130	80	12	98	78	1.6	27.8	PALLOR,ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
6	910618	ALCOHOL AND HEPATITIS C RELATED CLD SINCE 2YRS, H/O NEEDLE PRICK INJURY PRESENT	YES	Yes	NO	NO	NO	NONVEG.	80	130	80	20	98.6	72	1.6	26.2	PALOR, ICTERUS, OEDEMA	ABSENT	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
7	923833	NOT A KNOWN CASE OF CIRRHOSIS	YES	NO	NO	NO	NO	VEG.	80	110	70	16	98	60	1.6	28	ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
8	891678	HCV SINCE 6YEARS,SLEEVE GASTRACTOMY,6YRS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	72	110	70	18	98	95	1.8	28.4	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
9	887156	HEPATITIS C RELATED CLD SINCE 6YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	76	100	60	24	98	50	1.6	18.3	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
10	877660	HEPATITIS C RELATED CLD SINCE 8YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	76	120	70	24	98	72	1.7	23	PALLOR	ABSENT	ABSENT	LIVER PALPABLE	NO DULLNESS
11	924473	HEPATITIS C RELATED CLD SINCE 15YEARS	YES	NO	NO	NO	NO	VEG.	72	110	70	12	98	87.4	1.7	29.6	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
12	77073	HEPATITIS C RELATED CLD-2 YEARS, INTERMIITENT JAUNDICE, ON CHEMOTHERAPY(SORAFENIB 200MG)	NOT RELEVANT	NO	NO	NO	NO	VEG.	80	110	70	18	98	58	1.5	24	PALLOR,ICTERUS	ABSENT	ABSENT	LIVER PALPABLE	NO DULLNESS
13	901084	HEPATITIS C RELATED CLD SINCE 2 YEARS, CHEMOTHERAPY(VELASOF-24 WEEKS)	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	72	110	70	12	98	63	1.7	21.1	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
14	774335	HCV RELATED CLD SINCE 1.5 YEARS, CHEMOTHERAPY(VELASOF 24 WEEKS)	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	70	110	70	12	98	70	1.8	23.3	PALLOR	ABSENT	DISTENDED	LIVER PALPABLE	NO DULLNESS
15	899048	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	70	110	70	22	98	60	1.2	22	PALOR, ICTERUS, OEDEMA	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
16	920910	CLD	NOT RELEVANT	NO	NO	NO	NO	VEG.	82	110	70	20	98	68	1.8	29	PALOR, ICTERUS, OEDEMA	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
17	858846	ALCOHOL+HCV RELATED CLD,INTERMITTENT JAUNDICE,CHEMO(VELASOF 24WKS)	NOT RELEVANT	YES	NO	NO	NO	NONVEG.	70	110	70	20	98	95	1.8	28.4	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
18	920963	HEPATITIS B RELATED CLD,ON TENOFOVIR, H/O NEEDLE PRICK INJURY	YES	NO	NO	NO	NO	NONVEG.	75	110	70	24	98	92	1.82	27.7	PALLOR	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
19	560792	ALD CLD SINCE 1YR	NOT RELEVANT	YES	NO	NO	NO	NONVEG.	67	130	80	20	98	70	1.6	25.9	ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
20	499577	ALD CLD SINCE 15YEARS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	77	130	80	22	98	89	1.6	31.66	ICTERUS	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
21	924724	HEPATITIS C RELATED SINCE 7 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	67	110	70	24	98	68	1.8	22.8	PALLOR,ICTERUS	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
22	894143	HEPATITIS C RELATED SINCE 7 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	75	140	90	22	98	69	1.2	26.4	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
23	910908	ALD,HCV RELATED CLD	NOT RELEVANT	YES	NO	NO	NO	VEG.	67	150	90	26	98	73	1.7	24.3	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
24	592026	NASH RELATED CLD SINCE 2YEARS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	87	140	90	18	98	69	1.2	25.3	ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
25	890580	ALD CLD SINCE 5YEARS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	98	130	80	19	98	72	1.5	24.9	ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS

Sr. No.	MRD NO	AUSCULTATION	CHEST	CNS	CVS	Hb(gm%)	PCV(%)	MCH(pg)	MCV(ft)	MCHC(gm%)	TLC(mm3)	DLC (P/M/L/E %)	PLATELETS (mm3)	TOTAL BILIRUBIN (mg%)	DIRECT BILIRUBIN	SGOT(U/L)	SGPT(U/L)	ALP(U/L)	TOTAL PROTEIN (gm%)	SERUM ALBUMIN (gm%)	PTI/INR	RFT				
																						SERUM CREATININE (mg%)	UREA(mg%)	Na	K	cl(meqL)
1	882091	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	12.2	37.1	31.6	95.9	32.9	8.2	48.2/9.9/40/1	219	0.8	0.2	61	45	146	6.4	1.7	1.09	0.88	22	140	4.2	109
2	884136	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.2	44	32	84	31	9.8	45/8.9/32/2	150	11.38	6.95	158	41	901	8	3	1.51	1.53	53	128	5.23	102
3	823113	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 4	NORMAL S1,S2	9.8	42	33	88	32	11.7	73.1/10/27/1	247	1.03	0.6	121	59	319	8.1	3.7	1.38	2.94	118	141	5.03	109
4	505769	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11	40	32	89	33	6.8	62.1/10.8/24.7/1	135	2.74	1.52	78	53	195	7.5	2.7	1.65	1.26	37	134	4.1	100
5	886380	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	10.2	30.1	33.6	99.1	33.9	8.8	61/6.6/30/1.9	80	1.96	0.54	54	45	92	6.2	3.21	1.28	1.08	56	141	3.84	112
6	910618	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	13.4	40.8	31.7	96.6	32.8	10.9	59.1/10.5/26.5/3.2	150	2.37	0.74	82	55	215	6.4	2.52	1.28	0.35	23	135	3.6	100
7	923833	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.5	35.4	25.3	85.3	32.6	6.9	73.7/11.7/14.2/0.1	150	11.17	9.38	76	72	557	6.9	3.44	12.4	0.53	18	135	3.64	94
8	891678	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	10.6	32.6	30.4	93.9	32.6	6.8	72.9/8.7/15/3.2	80	5.19	1.93	311	81	133	6.4	2.58	1.7	0.77	15	138	5	109
9	887156	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.1	28.5	32.5	101	32	4.5	42.5/10/43/3.4	60	1.32	0.58	78	33	120	6.5	2.98	1.7	0.66	33	131	4.15	97
10	877660	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.6	24.5	36.1	103	35.1	5.9	80/10/8.8/0.4	80	16.43	12.57	274	77	127	6	1.33	2.2	1.58	54	111	4.9	92
11	924473	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	11.7	34.9	28.7	88.5	32.6	7.2	73/10/13/2	247	1	0.6	121	59	319	8.1	3.7	1.38	2.94	118	140	5	9
12	77073	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	15.6	46.2	31.6	93.7	33	7.8	69.2/10/16/3.3	60	3.55	2.06	97	69	104	6.8	6.8	2.59	0.67	35	129	4.1	98
13	901084	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.5	30.2	25.1	79.7	31.6	9.4	70.5/10/17.5/1.6	64	0.72	0.44	114	82	50	6.8	3.08	1.7	0.37	26	135	4.59	98
14	774335	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.7	29.7	28	86.1	32.6	5	72/10/15/2.2	193	0.39	0.23	28	41	96	7	3.96	1.2	0.56	33	134	4.4	100
15	899048	DECREASED BOWEL SOUND	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	10.9	32.3	38.5	113	33.8	5.6	63/10/24/1.3	104	3.66	1.04	70	70	110	6.9	2.3	1.2	0.35	18	125	4.04	90
16	920910	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.7	35.1	30.2	90.9	33	11	55/9.1/33/1.3	167	7.27	6.45	208	160	129	5.7	3.61	1.2	0.53	14	129	4.32	94
17	858846	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	13	41	27	85.5	31.8	5.1	59/10/27/2	121	2.83	0.48	249	325	84	7.2	4.01	2.7	0.26	29	138	4.23	102
18	920963	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.7	29.7	28	86	32.6	5	72/111/11/2.2	193	10.73	6.98	2026	737	279	6.6	3.58	2.2	2.9	115	129	4.88	96
19	560792	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.6	25.7	29.6	88	33.4	2.8	75/8/160/0.2	37	22.54	17.7	117	65	129	6.5	2.5	2.57	0.66	25	130	3.97	96
20	499577	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	6.8	20.3	32.5	97.4	33.4	10.2	80.7/10/7.4/1.5	70	5.97	4.21	31	12	115	6.1	2.12	1.94	2.82	78	124	4.78	94
21	924724	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	12.8	41.7	23.6	76.8	30.7	9.8	64/10/22/3.7	130	3.47	1.98	403	318	169	6.3	2.5	1.9	0.96	44	135	3.5	96
22	894143	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	10.8	40	24	80	30.7	9.8	60/11/20/3.7	90	15.48	13.63	197	58	167	6.4	3.16	2.2	1.09	47	136	4.28	101
23	910908	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 4	NORMAL S1,S2	15.6	46	30	93	33	7.8	69/10/16/3	70	3.5	2.06	97	69	104	6.8	2.59	1.1	O.67	30	129	4.1	98
24	592026	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	10.8	32.5	29.7	89.5	33.2	5.3	67/10/20/1.1	57	1.69	1.01	307	151	144	7.7	2.8	2.1	0.67	28	133	4.31	98
25	890580	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	9.2	40	24	80.2	30.7	9.8	60/11/20/3.7	110	1.22	0.77	53	31	104	5.4	2.75	1.8	0.35	20	120	3.6	90

Sr. No.	MRD NO	HBsAg positive	AntiHBc (IgM/IgG)	HBV DNA PCR	HBV viral load	HCV infection-AntiHCV antibody	HCV RNA (PCR)	Anti HIV	AFP LEVELS	UGIE PROFILE	USG WA	USG APPEARANCE OF HCC	CT APPEARANCE OF HCC	NUMBER OF LESIONS	EXTRAHEPATIC SPREAD OF HCC	DISTRIBUTION OF HCC	SIZE OF HCC	VASCULAR INVASION
1	882091	3312	NOT DONE	NOT DETECTABLE	NOT DONE	34.81	TARGET NOT DETECTED	0.22	44.36	ESOPHAGEAL VARICES	CLD ,HETEROGENOUS LESION IN SEG. 7 ?HCC	HETEROGENEOUS	HYPERDENSE	SINGLE	NO	RIGHT	3.1CM	NO
2	884136	0.35	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.81	NOT APPLICABLE	0.5	95.78	ESOPHAGEAL VARICES	CLD,PORTAL HTN,MULTIPLE HEPATIC SOL- HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	MULTINODULAR	NO	BILOBAR	5CM	NO
3	823113	0.23	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.23	NOT APPLICABLE	0.9	53.13	ESOPHAGEAL VARICES	CLD,PORTAL HTN,MULTIPLE HEPATIC SOL,PVT, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	THREE OR MORE	NO	BILOBAR	3.2CM	NO
4	505769	0.45	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.34	NOT APPLICABLE	0.34	78.3	ESOPHAGEAL VARICES	CLD,PORTAL HTN,MULTIPLE HEPATIC SOL,PVT, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	LEFT	3CM	NO
5	886380	567	NOT DONE	NOT DETECTABLE	NOT DONE	0.35	NOT APPLICABLE	0.9	510	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	RIGHT	3CM	NO
6	910618	0.35	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	42.81	TARGET NOT DETECTED	0.3	230	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	THREE OR MORE	NO	BILOBAR	6.2CM	NO
7	923833	350	NOT DONE	NOT DETECTABLE	NOT DONE	0.3	NOT APPLICABLE	0.3	10	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,PVT, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	LEFT	5.2CM	MPV
8	891678	0.35	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	45	100000	0.23	370	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	SINGLE	NO	RIGHT	5.4CM	NO
9	887156	0.22	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	450	10000	0.9	48	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO	NO	RIGHT	1.5CM	NO
10	877660	0.56	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	66	200000	0.1	200	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	RIGHT	3.8CM	NO
11	924473	0.32	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	48	100000	0.34	103	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	RETROPERITONEAL LN	RIGHT	2.8CM	RPV
12	77073	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	89	TARGET NOT DETECTED	0.9	140	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	SINGLE	NO	RIGHT	3.2CM	NO
13	901084	0.45	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	56	300000	0.4	27	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	RIGHT	3.4CM	NO
14	774335	0.8	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	230	TARGET NOT DETECTED	0.1	10	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	ONE	NO	LEFT	11.6CM	NO
15	899048	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.6	NOT APPLICABLE	0.9	100	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	ONE	REGIONAL LN	RIGHT	3CM	NO
16	920910	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.3	NOT APPLICABLE	0.3	260	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	ONE	NO	RIGHT	2.5CM	NO
17	858846	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	670	TARGET NOT DETECTED	0.1	100	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO OR THREE	NO	RIGHT	5.2CM	NO
18	920963	3653	NOT DONE	NOT DETECTABLE	NOT DONE	0.1	NOT APPLICABLE	0.9	160	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	11CM	NO
19	560792	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.1	665	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	LEFT	1.9CM	NO
20	499577	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.2	160	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	4.1CM	MPV ,RPV,LPV
21	924724	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	26.14	3.97*100000	0.1	115	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	BILOBAR	2.8CM	PV,IVC,HV
22	894143	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	88.08	TARGET NOT DETECTED	0.34	250	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	BILOBAR	5.1CM	RPV,LPV
23	910908	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	45	67000	0.1	140	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	3CM	MPV
24	592026	0.34	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.34	NOT APPLICABLE	0.23	800	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	SINGLE	NO	RIGHT	3.4CM	NO
25	890580	0.23	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.22	NOT APPLICABLE	0.22	221	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	TWO OR THREE	NO	BILOBAR	1.9CM	NO

Sr. No.	MRD NO	TRIPHASIC CT ABDOMEN	MRI ABDOMEN	LIVER BIOPSY	DATE	GRADE,HAI SCORE	FIBROSIS STAGE	BCLC STAGING	PERFORMANCE STATUS	Child Pugh score	MELD score	TREATMENT MODALITY (MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)	PROTOCOL	Date of commencemnet	Date of completion	OUTCOME follow up for 3months	
																SURVIVAL	NONSURVIVAL
1	882091	CLD WITH PORTAL HTN, 3.1*2.2 cm Lesion in seg. 8 right lobe, LIRADS 5 HYPERDENSE LESIONS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	7	MEDICAL	SORAFENIB	20/03/2020	20/03/2021	YES	NO
2	884136	CLD WITH PORTAL HTN ,MULTICENTRIC HCC ,MILD ASCITES, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	29	MEDICAL	SORAFENIB	25/01/2020	25/01/2020	YES	NO
3	823113	NASH RELATED CLD WITH MULTIFOCAL LIRADS 5 LESIONS WITH LARGEST IN SEG 4 IN RIGHT LOBE WITH HYPODENSE CHARACTER	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	15	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
4	505769	CLD,HCC SUBCAPSULAR 3*2.8 IN LEFT LOBE, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	23	MEDICAL	SORAFENIB	11-06-2019	11-06-2019	YES	NO
5	886380	CLD WITH PORTAL HTN, 3 *2.0cm Lesion in seg. 6 right lobe, LIRADS 5 ,HETEROGENOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	6/A	12	MEDICAL	SORAFENIB	28/01/2021	28/01/2021	YES	NO
6	910618	HYPODENSE LIRADS 5 LESIONS, MULTIFOCAL WITH LARGEST 6.2*5CM IN SEG 4 IN RIGHT LOBE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	7/B	12	RADIOLOGICAL	TACE	03-12-2020	03-12-2020	YES	NO
7	923833	INFILTERATIVE HCC INVOLVING CAUDATE LOBE,LEFT LOBE ,PVT, HETEROGEOUS LESIONS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	43	MEDICAL	SORAFENIB	30/04/2020	STILL CONTINUED	YES	NO
8	891678	CLD PORTAL HTN HCC 5.4*3.2CM IN RIGHT LOBE SEG 8 AND LEFT LOBE ALSO, HYPODENSE LEISON	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	16	MEDICAL	SORAFENIB	08-04-2020	08-04-2020	YES	NO
9	887156	LIRADS 5LESION 1.5*1.4CM IIN SEG 6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE 0	1	6/A	19	RADIOLOGICAL	RFA	13/03/2020	13/03/2020	YES	NO
10	877660	LIRADS 5 LESIONS 3.8*1.8CM AND 1*8.5CM IN SEG 8.LIRADS 4 LESION IN SEGMENT 6,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	38	MEDICAL	SORAFENIB	25/01/2020	25/01/2020	YES	NO
11	924473	LIRADS 5 LESION 2.8*2.6CM IN SEG 7 WITH TUMOR THROMBOSIS OF RIGHT HEPATIC VEIN .LIRADS 3,4 LESIONS IN SEG 2,HETEROGENEOUS, RETROPERINEAL LYMPH NODE SPREAD	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	15	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	05-07-2020	05-07-2020	NO	YES
12	77073	LIRADS 5 LESION 3.2*3.1 CM IN SEG 4, HYPERDENSE LESION	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	21	MEDICAL	SORAFENIB	27/4/2019	CONTINUED	YES	NO
13	901084	LIRADS 3.4*3.3 CM LESION IN SEGMENT 4 OF RIGHT LOBE,HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	5/A	8	RADIOLOGICAL	MWA	21/1/2020	21/1/2020	YES	NO
14	774335	LIRADS 5 11.6*9 CM LESION IN SEGMENT 3 OF LEFT LOBE , HYPERDENSE LESIONS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	5/A	8	RADIOLOGICAL	TACE	01-08-2020	01-08-2020	YES	NO
15	899048	LIRADS 5LESION 2.3*3CM IN SEGMENT 6,HYPERDENSE, REGIONAL LYMPH NODE SPREAD	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	27	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
16	920910	LIRADS 5 LESION 2.5*2.4 CM IN SEG 4,HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	7/B	20	RADIOLOGICAL	RFA	04-05-2020	04-05-2020	YES	NO
17	858846	LIRADS 5 LESIONS 5.2*3.5CM TWO IN NO. IN SEGMENT 6,HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	10	MEDICAL	SORAFENIB	01-07-2020	01-07-2020	YES	NO
18	920963	LIRADS 5 LESION 10*11CM IN SEGMENT 6, HETERGENEOUS	NOT DONE	DONE	25/04/2020	2,3	3	STAGE D	>2	10/C	38	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
19	560792	LIRADS 5 LESION 1.8*1.9CM IN SEGMENT 3 OF LEFT LOBE, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	25	MEDICAL	SORAFENIB	01-07-2020	02-07-2020	YES	NO
20	499577	LIRADS 5 LESION 4.1 *3.1 CM IN SEGMENT 7,LIRADS 5 LESION 2.1*3.1 CM IN SEGMENT 2 WITH PARTIAL PVT INVOLVING MAIN PV,RIGHT,LEFT BRANCHES,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	31	MEDICAL	SORAFENIB	2/2/2018, 3/3/2019	2/2/2018,3/3/2019	YES	NO
21	924724	LIRADS 5 LESION 2.3*2.8CM WITH THROMBUS IN HEPATICVEIN,IVC,RA,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	18	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
22	894143	LIRADS 5 HETEROGEENOUS LESION 5.1*3CM WITH TUMOR IN VEIN INVOLVING RIGHT AND LEFT PORTAL VEIN	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	43	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
23	910908	LIRADS 5 LESION 2.3*3CM WITH PVT, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	21	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
24	592026	LIRADS 5 LESION 3.4*2.8 CM IN RIGHT LOBE SEG 4,HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	20	MEDICAL	SORAFENIB	18/2/2020	18/2/2021	YES	NO
25	890580	LIRADS 5 LESIONS 1.9*1.3 CM IN SEG 4 AND 1.5*1.3CM IN SEG 7,HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	12	MEDICAL	SORAFENIB	02-02-2020	02-02-2020	YES	NO

Sr. No.	MRD NO	AGE	GENDER	ADMISSION NO	DATE OF ADMISSION	Comorbidities	DIAGNOSIS (ETIOLOGY RELATED CLD,HCC)	YEAR AND MONTH OF DIAGNOSIS	CLINICAL PRESENTATION	SYMPTOM DURATIN BEFORE HCC DIAGNOSIS	Abdominal pain/ discomfort	Abdominal swelling/ distension	Weight loss	Fever	Oedema feet	Decreased urine output	Jaundice	Generalized body weakness	Bleeding tendencies	Bony pains	Altered sensorium	GIT bleed	Others if any(including paraneoplastic manifestations)
26	923912	49	Male	2020025040	05-04-2020	TYPE 2 DM ,HTN	ALCOHOL+HCV,AntiHCV Ab +	may.2020	SYMPTOMATIC	8MONTHS	YES	NO	YES	NO	NO	NO	NO	YES	NO	NO	YES	NO	NO
27	271550	51	Male	2020023719	23/4/2020	TYPE 2 DM ,HTN	ALCOHOL	May-20	SYMPTOMATIC	2MONTHS	YES	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NAUSEA
28	901585	68	Male	2020015364	03-02-2020	TYPE 2 DM ,HTN	NASH	Mar-20	SYMPTOMATIC	12MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO
29	891140	64	Male	202007642	02-01-2020	TYPE 2 DM ,HTN	NASH	Feb-20	SYMPTOMATIC	15DAYS	YES	YES	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
30	888840	50	Male	2020026002	02-04-2020	TYPE 2 DM ,HTN	ALCOHOL+HCV, AntiHCV Ab+	Jan-19	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
31	916839	58	Male	2020019042	16/3/3030	NO	ALCOHOL+HCV, AntiHCV Ab+	Mar-20	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO
32	667618	62	Female	2020019823	19/3/2020	TYPE 2 DM ,HTN	NASH	MAR,2020	INCIDENTAL FINDING	NOT APPLICABLE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
33	890799	65	Female	2020007560	02-01-2020	NO	HCV RELATED,AntiHCV Ab+,HCV RNA+	FEB,2020	SYMPTOMATIC	6MONTHS	YES	NO	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO
34	880071	75	Female	2020002585	01-11-2020	NO	NASH	Jan-20	SYMPTOMATIC	12MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
35	828142	68	Male	2020006908	29/01/2020	NO	HBV RELATED ,HBsAg+	jan,2020	SYMPTOMATIC	2MONTHS	NO	YES	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO
36	407857	66	Male	2020021541	04-03-2020	TYPE 2 DM ,HTN	NASH	MAR,2020	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO
37	875289	60	Male	202000642	01-03-2020	NO	ALCOHOL	nov.2019	SYMPTOMATIC	3MONTHS	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
38	881025	65	Male	2020003137	14/01/2020	NO	ALCOHOL	NOV,2019	SYMPTOMATIC	6MONTHS	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO
39	582826	70	Male	2020006009	26/03/2020	NO	NASH	Jan-20	SYMPTOMATIC	15DAYS	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
40	884750	72	Male	2020004917	21/01/2020	NO	ALCOHOL	Jan-20	SYMPTOMATIC	15DAYS	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
41	985131	75	Male	2020055315	18/11/2020	NO	HCV,AntiHCV Ab+, HCV RNA+	oct,2020	INCIDENTAL FINDING	NOT APPLICABLE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
42	981187	70	Male	2020052532	11-02-2020	NO	HBV,HBsAg+	Oct-20	SYMPTOMATIC	7MONTHS	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO
43	178044	62	Male	2020037088	27/07/2020	NO	NASH	Oct-18	SYMPTOMATIC	7MONTHS	YES	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO
44	657559	59	Male	2020034996	14/07/2020	NO	NASH	Jul-20	SYMPTOMATIC	2MONTHS	YES	YES	YES	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO
45	650972	61	Male	2020043001	09-07-2020	NO	ALCOHOL	aug.2020	SYMPTOMATIC	7MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
46	882088	60	Male	2020029737	06-05-2020	NO	HBV RELATED ,HBsAg+	Jan-20	SYMPTOMATIC	6MONTHS	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO
47	962206	65	Male	2020042497	09-03-2020	TYPE 2DM,HTN	ALCOHOL	Jul-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
48	959626	70	Male	2020044993	20/9/2020	TYPE 2DM,HTN	NASH	Jan-20	SYMPTOMATIC	12MONTHS	YES	YES	YES	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO
49	964125	72	Male	2020043947	13/9/2020	TYPE 2DM,HTN	NASH	aug.2020	SYMPTOMATIC	12MONTHS	YES	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO
50	956776	64	Male	2020040662	21/8/2020	TYPE 2DM,HTN	ALCOHOL	aug. 2020	SYMPTOMATIC	12MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NAUSEA
51	950276	55	Male	2020040452	19/8/2020	TYPE 2DM,HTN	NASH	Aug-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
52	947992	61	Male	2020037121	27/07/2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+,HCV RNA+	Aug-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
53	956724	59	Male	20200400536	20/08/2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+,HCV RNA+	Aug-20	SYMPTOMATIC	2MONTHS	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
54	510542	62	Male	2020047662	10-06-2020	NO	HBV,HBsAg+	Sep-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO

Sr. No.	MRD NO	PAST HISTORY	FAMILY HISTORY	ALCOHOL	SMOKING	OPIUM ABUSE	OTHER DRUG	DIETARY HABITS	PULSE (min)	SBP (mmHg)	DBP (mmHg)	RR (min)	TEMP (F)	WEIGHT (Kg)	height (m)	BMI (Kg/m2)	GENERAL PHYSICAL EXAMINATION (GPE)	PERIPHERAL SIGNS OF CLD	INSPECTION	PALPATION	PERCUSSION
26	923912	HCV AND ALCOHOL RELATED CLD SINCE 20YRS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	67	130	80	20	98	95	1.7	32.2	PALLOR,ICTERUS	SPIDER NEVI	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
27	271550	ALD CLD SINCE 5YEARS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	67	110	70	22	98	81	1.6	29.1	PALLOR	GYNAECOMASTIA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
28	901585	NASH RELATED CLD SINCE 2YEARS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	77	130	80	22	98	80	1.3	30.5	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
29	891140	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	87	110	70	24	98	76	1.2	30.64	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
30	888840	HCV AND ALD CLD SINCE 10YEAR,H/O BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	VEG.	78	150	90	25	98	85	1.8	28.4	PALLOR	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
31	916839	HCV AND ALCOHOL RELATED CLD SINCE YR 2017	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	66	140	90	20	98	54	1.3	18.6	PALLOR	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
32	667618	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	76	130	80	21	98	81	1.6	29.1	PALOR, ICTERUS, OEDEMA	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
33	890799	HCV RELATED CLD SINCE 2YEARS, H/O BLOOD TRANSFUSION	YES	NO	NO	NO	NO	NONVEG.	73	110	70	19	98	43.8	1.1	18	PALLOR	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
34	880071	NASH RELATE D CLD SINCE 4MONTHS	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	90	60	18	98	52.3	1.8	22.3	PALOR, ICTERUS, OEDEMA	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
35	828142	HBV RELATED CLD SINCE 2YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	105	160	100	16	98	67	1.8	23.8	PALLOR	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
36	407857	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	116	110	70	26	98	81	1.6	29.1	PALLOR	PALMAR ERYTHEMA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
37	875289	ALD CLD SINCE 3MONTHS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	89	130	80	28	98	54	1.3	18.6	PALLOR , PEDAL OEDEMA	SPIDER NEVI	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
38	881025	ALC CLD SINCE 6MONTHS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	90	110	70	29	98	67	1.8	23.8	PALLOR	DUPTRYEN'sCONTRACTURE	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
39	582826	NASH RELATED CLD SINCE 6YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	76	90	60	25	98	54	1.3	18.6	PALLOR	DUPTRYEN'sCONTRACTURE	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
40	884750	ALCOHOL RELATED CLD SINCE 6YEARS	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	76	110	70	26	98	69	1.2	25.3	PALLOR	SPIDER NEVI	DISTENDED	SPLENOMEGALY	NO DULLNESS
41	985131	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	67	90	60	24	98	54	1.3	18.6	ABSENT	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
42	981187	HEPATITIS B RELATED CLD SINCE 2YRS	YES	NO	NO	NO	NO	NONVEG.	56	110	70	23	98	68	1.8	22.8	ABSENT	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
43	178044	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	66	130	70	23	98	54	1.3	18.6	PALLOR	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
44	657559	NASH RELATE DCLD SINCE YR 2014, H/O BLOOD TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	VEG.	67	120	80	21	98	68	1.8	22.8	PALLOR,ICTERUS	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
45	650972	ALCO HOLRELATED CLD SINCE 6MONTHS	NOT RELEVANT	YES	NO	NO	NO	VEG.	78	90	60	22	98	70	1.6	25.9	PALLOR,ICTERUS	SPIDER NEVI	ABSENT	SPLENOMEGALY	NO DULLNESS
46	882088	HEPATITIS B, C RELATED CLD SINCE YR 2018,2019	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	87	110	70	29	98	69	1.2	26.4	PALLOR	DUPTRYEN'sCONTRACTURE	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
47	962206	ALD RELATED CLD SINCE 10YEARS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	78	130	80	20	98	57.5	1.5	25.1	PALLOR	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
48	959626	NASH RELATED CLD SINCE 5YRS	NOT RELEVANT	NO	NO	NO	NO	VEG.	98	120	80	16	98	67	1.8	23.8	ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
49	964125	NASH RELATED CLD SINCE 6MONTHS	NOT RELEVANT	NO	NO	NO	NO	VEG.	89	110	70	18	98	52.3	1.8	22.3	ABSENT	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
50	956776	ALCOHOL RELATED CLD SINCE 5YRS	NOT RELEVANT	YES	NO	NO	NO	VEG.	65	120	80	19	98	66	1.8	23	PALLOR	SPIDER NEVI	DISTENDED	SPLENOMEGALY	NO DULLNESS
51	950276	NASH RELATE DCLD SINCE YR 2014, H/O BLOOD TRANSFUSION	YES	NO	NO	NO	NO	VEG.	67	140	80	20	98	54	1.3	18.6	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
52	947992	HCV RELATED CLD SINCE YEAR 2015, SVR STATUS +VE	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	110	130	80	18	98	81	1.6	29.1	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
53	956724	HEPATITIS C (YEAR 2010), INTERMIITENT JAUNDICE, SVR STATUS SINCE 2019	NOT RELEVANT	NO	NO	NO	NO	VEG.	87	120	80	14	98	95	1.8	28.4	PALLOR, ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
54	510542	BLOOD TRANSFUSION IN YR 2010, HBV RELATED LIVER DS SINCE 2018	YES	NO	NO	NO	NO	VEG.	92	110	70	14	98	52.3	1.8	22.3	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS

Sr. No.	MRD NO	AUSCULTATION	CHEST	CNS	CVS	Hb(gm%)	PCV(%)	MCH(pg)	MCV(ft)	MCHC(gm%)	TLC(mm3)	DLC (P/M/L/E %)	PLATELETS (mm3)	TOTAL BILIRUBIN (mg%)	DIRECT BILIRUBIN	SGOT(U/L)	SGPT(U/L)	ALP(U/L)	TOTAL PROTEIN (gm%)	SERUM ALBUMIN (gm%)	PTI/INR	SERUM CREATININE (mg%)	UREA(mg%)	Na	K	cl(meqL)
26	923912	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	12.8	38.8	31.2	94.3	33	5.4	53.5/10/33/2	150	6.6	4.9	159	88	66	8	3.03	1.38	0.35	10	134	4.16	97
27	271550	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	10.8	38	30	89.5	33.2	5.3	67/10/20/1.1	60	1.48	1.18	138	38	189	6.9	2.8	1.8	0.69	21	135	4.61	101
28	901585	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.6	26.4	29.7	91.1	32.6	3.6	78/8.3/9.8/3	44	1.1	0.8	20	20	30	6.8	3.5	2.8	0.87	29	145	3.83	117
29	891140	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	8.6	24.9	36.1	101	35.9	5.9	70/10/8/0.1	150	7.7	4.7	135	36	198	6.6	2.43	1.3	1.14	38	134	3.9	97
30	888840	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	13	41	27	85.5	31.8	5.1	59/10/27/2	121	0.84	0.48	249	325	84	7.1	4.01	1.7	0.26	29	138	4.23	102
31	916839	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	12	44	28	87	28	8.2	60/10/20/3.7	300	1.2	1	89	80	160	6.8	3.5	1.8	0.45	32	110	3.5	108
32	667618	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.4	49	28.5	87	31.4	7.8	60/10/24/1	140	1.2	1	78	53	105	7.1	2.5	1.65	0.45	30	140	3.8	110
33	890799	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.2	40	24	80.2	30.7	9.8	58/10/20/3.7	130	1.22	0.77	53	31	104	6.2	2.5	1.8	0.38	30	145	3.8	110
34	880071	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.8	30.7	32	103	31.7	6.3	60/8/31/1.4	150	3.2	2.8	142	41	801	7.2	3.4	1.8	0.58	23	145	3.2	94
35	828142	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.2	43	28	89	32	11	62/8.5/10/0.2	120	0.2	0.2	40	39	120	7.2	3.5	1.2	0.45	20	140	3.8	108
36	407857	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9	43	30	100	33	10	70/10/40/2	153	1.55	0.83	44	40	112	7.2	3.2	1.7	0.45	25	140	3.5	108
37	875289	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	10.4	31.9	29.8	91.4	32.6	6.1	46.4/10/41.4/0.9	120	0.57	0.8	48	229	100	7.2	3.6	1.7	0.94	36	130	4.11	107
38	881025	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	7.6	21.8	30.3	87.4	34.7	2.2	57.5/22/17.9/2.2	27	3.19	1.59	35	30	103	6.4	2.55	1.6	0.75	30	136	5.32	103
39	582826	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	10.8	32.2	29.7	88.9	33.4	4	60/26.9/10/0.2	70	2.97	1.53	76	54	118	8.3	2.67	1.59	0.76	35	141	3.24	109
40	884750	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.2	27.4	34.2	101	33.6	3.1	63/10.9/20/4.9	40	1.21	0.39	49	37	96	6.2	3.09	1.2	1.22	54	143	4.25	112
41	985131	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	13.3	40.7	27.4	83.9	32.7	10.2	81/7.4/11/0.2	150	0.81	0.17	22	19	122	6.8	3.84	1.5	1.28	58	136	4.5	102
42	981187	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	10.7	32	29	87	33	6	60/26.9/10/0.2	120	0.35	0.19	24	20	58	7.6	3.97	1.07	0.35	40	140	3.5	96
43	178044	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	8	30.7	32	103	31.7	6.3	60/8/32/1.4	10	1.96	0.78	229	279	215	6.4	2.9	1.87	0.58	23	145	3.2	98
44	657559	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.6	26.4	29.7	91	32	3.6	78/8.3/9.9/3	150	1.85	0.46	293	219	110	6.4	3.87	1.16	1.22	74	120	4.5	107
45	650972	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.8	25.7	30	88	33	4.5	75/8/16/0.2	142	0.84	0.45	375	415	63	7	4.05	1.22	0.89	28	133	4.49	100
46	882088	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	10.5	31.4	29.8	88	31.9	9.9	31/9.6/53/4.4	174	0.41	0.12	94	80	152	8.5	3.3	1.17	1.35	47	139	4.22	109
47	962206	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	15.5	46	30	93	33	7.7	69/10/16/3	180	2.5	1.8	20	35	110	4.4	2.2	2	0.35	35	128	4.5	96
48	959626	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.5	30.1	25.1	79.7	31.6	9.4	70/10/17.5/1.6	260	10.73	6.98	2000	700	2006.6	6.6	3.58	2.2	2.1	100	140	4.51	-
49	964125	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	15.6	46	30	93	33	7.8	69/10.5/16/3	250	1.2	0.9	248	329	135	6.9	3.5	1.04	2.43	67	141	5	101
50	956776	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	10.8	32	29.7	88.9	33.4	7	60/26/10/0.2	150	2.08	1.54	73	25	286	7.8	3.9	1.5	0.9	32	135	4.78	97
51	950276	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.6	24.9	36.1	101	35.1	5.9	70/10/8/0.4	250	0.56	0.28	30	19	106	6.8	6.7	3.18	0.69	34	133	4.5	96
52	947992	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.5	30.1	25.1	79.7	31.6	9.4	70/10/17/1.6	68	0.53	0.31	43	15	65	6.2	2.82	1.22	0.78	142	142	3.72	104
53	956724	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.5	30.1	25	79	30.6	9.4	70/10.2/17.5/1.6	250	2.37	1.39	56	74	130	5.6	2.82	1.43	0.39	32	126	3.5	98
54	510542	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	8.6	26.4	29.7	91.1	32.6	3.5	78/8.3/9.8/3	250	0.45	0.31	102	110	817	7.5	2.41	1.5	0.25	42	122	3.5	96

Sr. No.	MRD NO	HBsAg positive	AntiHBc (IgM/IgG)	HBV DNA PCR	HBV viral load	HCV infection-AntiHCV antibody	HCV RNA (PCR)	Anti HIV	AFP LEVELS	UGIE PROFILE	USG WA	USG APPEARANCE OF HCC	CT APPEARANCE OF HCC	NUMBER OF LESIONS	EXTRAHEPATIC SPREAD OF HCC	DISTRIBUTION OF HCC	SIZE OF HCC	VASCULAR INVASION
26	923912	0.23	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	136.5	TARGET NOT DETECTED	0.22	450	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	BILOBAR	1.1CM	MPV ,RPV,LPV
27	271550	0.42	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.08	NOT APPLICABLE	0.27	115	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	1.2CM	MPV,SMV
28	901585	0.42	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.08	NOT APPLICABLE	0.3	530	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	1.7CM	MPV ,RPV,LPV
29	891140	0.22	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.12	NOT APPLICABLE	0.42	560	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	PERITONEUM	RIGHT	3CM	PV,IVC,HV
30	888840	0.08	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	103	TARGET NOT DETECTED	0.2	115	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	BILOBAR	1.8CM	NO
31	916839	0.08	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	100	TARGET NOT DETECTED	0.08	675	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO OR THREE	NO	RIGHT	6CM	RPV
32	667618	0.8	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.8	264	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	LEFT	1.9CM	NO
33	890799	0.08	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	110	100000	0.2	600	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HYPERECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	2.8CM	NO
34	880071	0.07	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.08	NOT APPLICABLE	0.08	58	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	ONE	NO	BILOBAR	4.5CM	MPV ,RPV,LPV
35	828142	4642	NOT DONE	NOT DETECTABLE	NOT DONE	0.12	NOT APPLICABLE	0.28	300	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	3CM	PV,IVC,HV
36	407857	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.08	NOT APPLICABLE	0.34	230	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	TWO OR THREE	NO	BILOBAR	3.7CM	NO
37	875289	0.28	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.11	NOT APPLICABLE	0.23	800	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	MULTINODULAR	NO	BILOBAR	4CM	NO
38	881025	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.22	700	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	SINGLE	NO	RIGHT	O.8CM	NO
39	582826	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.04	NOT APPLICABLE	0.22	110	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	SINGLE	NO	RIGHT	1.8CM	NO
40	884750	0.25	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.23	6	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	6.7CM	NO
41	985131	0.24	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	98	100000	0.23	110	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	TWO	NO	RIGHT	3.7CM	NO
42	981187	1500	NOT DONE	NOT DETECTABLE	NOT DONE	0.02	4999	-	43	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	TWO	NO	RIGHT	1.3CM	NO
43	178044	0.07	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.03	NOT APPLICABLE	0.23	161	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HYPODENSE	TWO OR THREE	NO	RIGHT	3.2CM	NO
44	657559	0.38	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	113.7	TARGET NOT DETECTED	0.02	194	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HYPODENSE	ONE	NO	RIGHT	3CM	NO
45	650972	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.03	NOT APPLICABLE	0.9	710	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	2.5CM	NO
46	882088	340	NOT DONE	NOT DETECTABLE	NOT DONE	45	100000	0.2	680	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	4.2CM	NO
47	962206	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.03	NOT APPLICABLE	0.9	84	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO OR THREE	NO	LEFT	1.8CM	NO
48	959626	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.09	NOT APPLICABLE	0.3	102	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	THREE OR MORE	NO	BILOBAR	3.4CM	MPV
49	964125	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.04	NOT APPLICABLE	0.9	136	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	2.7CM	NO
50	956776	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.06	NOT APPLICABLE	0.02	250	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	LEFT	2.1CM	LPV
51	950276	0.04	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.9	280	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO	NO	RIGHT	4CM	MPV,SMV
52	947992	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	350	200000	0.1	300	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	LEFT	3CM	MPV,SMV
53	956724	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	101.6	4.35*100000	0.9	600	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO	NO	RIGHT	2.5CM	NO
54	510542	6014	NOT DONE	NOT DETECTABLE	NOT DONE	0.2	NOT APPLICABLE	0.1	560	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	2.9CM	NO

Sr. No.	MRD NO	TRIPHASIC CT ABDOMEN	MRI ABDOMEN	LIVER BIOPSY	DATE	GRADE,HAI SCORE	FIBROSIS STAGE	BCLC STAGING	PERFORMANCE STATUS	Child Pugh score	MELD score	TREATMENT MODALITY (MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)	PROTOCOL	Date of commencemnet	Date of completion	SURVIVAL	NONSURVIVAL
26	923912	LIRADS 5 LESIONS 1.1*0.8CM IN SEG 4, 1.7*1.2CM IN SEG 5 WITH ECCENTRIC PORTAL THROMBUS IN MAIN PORTAL VEIN AND BRANCHES,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	22	MEDICAL	SORAFENIB	05-06-2020	05-06-2020	YES	NO
27	271550	LIRADS 5 LESION 1.2 *1.2CM IN RIGHT LOBE WITH PVT AND INVOLVING SMV ALSO ,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE 0	1	6/A	15	MEDICAL	SORAFENIB 400MG BD	05-03-2020	CONTINUED	YES	NO
28	901585	LIRADS 5 LESIONS 1.1*1.6 CM IN SEG 6, 1.7*1.4 CM IN SEG 5 WITH PARTIAL LEFT PVT INVOLVING MAIN PV WITH RIGHT AN DLEFT BRANCHES, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	7/B	18	RADIOLOGICAL	RFA	03-04-2020	03-04-2020	YES	NO
29	891140	LIRADS 5 LESION 3*2CM IN SEG 5 WITH PVT INVOLVING RIGHT PV, LEFT PV WITH IVC ,HETEROGENEOUS, PERITONEAL SPREAD	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	25	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
30	888840	LIRADS 5 LESIONS 1.8*1.9CM IN SEG 3 , 2.2*1.8CM IN SEG 7 , HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE 0	0	5/A	6	RADIOLOGICAL	TACE,SORAFENIB	5/3/2020,6/3/2020	CONTINUED	YES	NO
31	916839	LIRADS 5 LESION 5*6CM IN SEG 4 WITH PVT- RIGHT PV ,INFILTERATIVE HCC,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	31	MEDICAL	SORAFENIB	20/3/2020	CONTINUED	YES	NO
32	667618	LIRADS 5 LESION 1.1*1.9CM IN SEGMENT 3 OF LEFT LOBE, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	20	MEDICAL	SORAFENIB	26/3/2020	26/3/2020	YES	NO
33	890799	LIRADS 5 LESION 2.8*2.1CM IN SEG 7 IN RIGHT LOBE,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	7/B	16	RADIOLOGICAL	TACE	02-04-2020	02-04-2020	YES	NO
34	880071	LIRADS 5 LESIONS MULTICENTRIC LARGEST 4.5*2CM IN SEG 4 WITH PVT INVOLVING MAIN PV, RIGHT AND LEFT PV WITH SMV THROMBOSIS, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	12	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
35	828142	LIRADS 5 LESION 2.3&3CM IN SEG 4 WITH TUMOR THROMBOSIS OF PV,MIDDDLE AND LEFT HEPATIC VEINS WITH EXTENSION INTO IVC,HETEROGENOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	7/B	15	RADIOLOGICAL	MWA,SORAFENIB	3/2/2020, 4/2/2020	CONTINUED	YES	NO
36	407857	LIRADS 5 LESION 3.7*3CM IN SEG 4, LIRADS 3 LESION IN SEG 8,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	10	MEDICAL	SORAFENIB	04-05-2020	04-05-2020	YES	NO
37	875289	LIRADS 5 LESIONS MULTICENTRIC IN SEGMENTS 4,6,9, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	12	CONSERVATIVE	NOTWILLING	-	-	NO	YES
38	881025	LIRADS 5 LESION 0.8*0.7CM IN SEG 7 ,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	17	MEDICAL	SORAFENIB	22/1/2020	22/1/2020	YES	NO
39	582826	LIRADS 5 LESION 1.8*1 CM IN SEG 6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	15	MEDICAL	REGORAFENIB	28/3/2020	28/3/2020	YES	NO
40	884750	LIRADS 5 LESIONS 6.2*6.7CM IN SEG 4, 3.5*3.2 CM IN SEG 3,1.5*1 CM IN SEG 5, LIRADS 3 LESION O0.8CM IN SEG 6,HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	41	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	25/1/2020	CONTINUED	NO	YES
41	985131	LIRADS 5 LESIONS 2 IN NO.3.7*3.2 CM IN RIGHT LOBE, LIRADS 3 LESION IN SEG 4, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	5/A	14	RADIOLOGICAL	RFA, TACE	25/10/2020, 19/11/2020	25/10/2020, 19/11/2021	YES	NO
42	981187	LIRADS 5 LESIONS 1.3*1.2 CM IN SEG 5 , 1.5*1CM IN SEG 5, HETEOGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE 0	0	5/A	14	RADIOLOGICAL	MWA	11-03-2020	11-03-2020	YES	NO
43	178044	LIRADS 5 LESIONS 3.2*1.8CM and 2.1 *1.2CM IN SEG 6, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	16	MEDICAL	REGORAFENIB	29/7/2020	29/7/2020	YES	NO
44	657559	LIRADS 5 LESION 3.2*2CM LESION IN SEG 4, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	23	RADIOLOGICAL	MWA	15/7/2020	15/7/202O	YES	NO
45	650972	LIRADS 5 LESIONS 2.2*2.5CM IN SEG 7, 1.3*1.3CM IN SEG 7, 1.9*1.8CM IN SEG 8 AND 0.9*0.5CM LIRADS 4 IN SEG 8, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	13	RADIOLOGICAL	MWA	09-08-2020	09-08-2020	YES	NO
46	882088	LIRADS 5 LESION 4.2*3.8CM INSEG 7, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	13	RADIOLOGICAL	MWA	06-06-2020	06-06-2020	YES	NO
47	962206	LIRADS 5 LESIONS 1.8*1CM IN SEG 6 AND 1*1.8 CM IN SEG 2, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	20	MEDICAL	REGORAFENIB	09-04-2020	09-04-2020	YES	NO
48	959626	LIRADS 5 LESIONS MULTICENTRIC HCC WITH TUMOR THROMBOSIS OF PORTAL VEIN, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	38	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	25/9/2020	CONTINUED	NO	YES
49	964125	LIRADS 5 LESION 2.7*2.1 CM IN SEG 7, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	5/A	15	RADIOLOGICAL	RFA	15/9/2020	15/9/2020	YES	NO
50	956776	LIRADS 5 LESION 2.3*2.1CM IN SEG 4 WITH EXTENSION INTO LEFTPORTAL VEIN, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	12	CONSERVATIVE	NOTWILLING	-	-	NO	YES
51	950276	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 4*3.7CM IN SEG 5,6 OF RIGHT LOBEWITH PARTIAL THROMBOSIS OF MAIN PV,SMV, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	14	RADIOLOGICAL	MWA	20/8/2020	20/8/2020	YES	NO
52	947992	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 2*3 CM IN SEG 4,PVT WITH EXTENSION INTO SMV ,HETEROGENOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	14	RADIOLOGICAL	MWA	28/7/2020	28/7/2020	YES	NO
53	956724	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 2.5*1.6CM IN SEG 7, 3*2.2 CM IN SEG 8, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	7/B	23	RADIOLOGICAL	MWA	22/8/2020	22/8/2020	YES	NO
54	510542	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESIONS MULTICENRTIC IN SEGMENTS 5,6.8, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	44	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES

Sr. No.	MRD NO	AGE	GENDER	ADMISSION NO	DATE OF ADMISSION	Comorbidities	DIAGNOSIS (ETIOLOGY RELATED CLD,HCC)	YEAR AND MONTH OF DIAGNOSIS	CLINICAL PRESENTATION	SYMPTOM DURATIN BEFORE HCC DIAGNOSIS	Abdominal pain/ discomfort	Abdominal swelling/ distension	Weight loss	Fever	Oedema feet	Decreased urine output	Jaundice	Generalized body weakness	Bleeding tendencies	Bony pains	Altered sensorium	GIT bleed	Others if any(including paraneoplastic manifestations)
55	832293	61	Male	2020043676	09-11-2020	NO	ALCOHOL	Sep-19	SYMPTOMATIC	1MONTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	CONSTIPATION-10 DAYS
56	456804	72	Male	2020054407	11-12-2020	NO	HCV RELATED,AntiHCV Ab+,HCV RNA+	SEP.2019	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
57	975107	58	Female	2020054289	11-11-2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+	NOV.2020	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
58	981506	56	Male	2020054119	11-10-2020	NO	ALCOHOL+HCV, AntiHCV Ab+, HCV RNA+	NOV.2020	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO
59	936309	62	Male	202003581	07-04-2020	NO	NASH	JUL.2020	SYMPTOMATIC	15DAYS	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO	LOOSE STOOLS,2MONTHS
60	159779	48	Male	2020036214	22/07/2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+,HCV RNA+	JUL.2020	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
61	942618	75	Male	2020034702	07-12-2020	TYPE 2 DM ,HTN	ALCOHOL+HCV, AntiHCV Ab+, HCV RNA+	JUL.2020	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO
62	464795	43	Male	2020034704	07-12-2020	NO	HCV RELATED,AntiHCV Ab+	Jul-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
63	940374	63	Male	2020033665	07-05-2020	TYPE 2 DM ,HTN	HBV RELATED ,HBsAg+	JUL.2020	SYMPTOMATIC	15DAYS	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO
64	943978	53	Male	2020035392	16/7/2020	NO	HBV,HBsAg+	Jul-20	SYMPTOMATIC	1MONTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	LOSS OF APETITE
65	931213	76	Female	2020035965	20/07/2020	TYPE 2 DM ,HTN	NASH	May-20	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	no	NO	NO	NO	NO
66	75515	80	Male	2020029807	06-08-2020	NO	NASH	Jun-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
67	734595	56	Male	2020030249	06-11-2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+	Jun-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
68	331987	60	Male	20200288330	06-02-2020	NO	NASH	May-20	SYMPTOMATIC	3MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
69	546458	53	Male	2020028994	06-03-2020	NO	HCV RELATED,AntiHCV Ab+	May-20	INCIDENTAL FINDING	NOT APPLICABLE	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
70	933736	52	Male	2020030135	06-10-2020	NO	HCV RELATED,AntiHCV Ab+,HCV RNA+	May-18	SYMPTOMATIC	15DAYS	YES	NO	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
71	931632	58	Male	20029129	06-04-2020	NO	HCV RELATED,AntiHCV Ab+	Jun-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
72	935620	54	Male	2020031167	18/6/2020	TYPE 2 DM ,HTN	HCV RELATED,AntiHCV Ab+	Jun-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
73	956307	52	Male	2020032061	24/6/2020	TYPE 2 DM ,HTN	ALCOHOL+HCV, AntiHCV Ab+	Jun-20	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
74	941796	67	Male	2020032095	15/7/2020	NO	BUDD- CHIARI SYNDROME	Jul-20	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
75	1017668	82	Male	2020007569	27/01/2020	NO	HCV RELATED,AntiHCV Ab+,HCV RNA+	Jan-21	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
76	967029	52	Male	2020051191	26/10/2020	NO	ALCOHOL	01-Jan	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
77	978085	58	Male	2020051225	26/10/2020	NO	ALCOHOL	Oct-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
78	965433	52	Female	2020051204	26/10/2020	NO	HCV RELATED,AntiHCV Ab+	Sep-20	SYMPTOMATIC	3MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
79	505769	61	Male	2020004716	21/01/2020	TYPE 2 DM ,HTN	ALCOHOL	Dec-19	SYMPTOMATIC	6MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

Sr. No.	MRD NO	PAST HISTORY	FAMILY HISTORY	ALCOHOL	SMOKING	OPIUM ABUSE	OTHER DRUG	DIETARY HABITS	PULSE (min)	SBP (mmHg)	DBP (mmHg)	RR (min)	TEMP (F)	WEIGHT (Kg)	height (m)	BMI (Kg/m2)	GENERAL PHYSICAL EXAMINATION (GPE)	PERIPHERAL SIGNS OF CLD	INSPECTION	PALPATION	PERCUSSION
55	832293	ALD/CLD-10 YEARS, INTERMITTENT JAUNDICE, BLOOD TRANSFUSION DURING 2 HOSPITAL ADMISIONS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	72	120	80	14	98	68	1.8	22.8	ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
56	456804	HCV RELATED CLD SINCE 2016,INTERITTENT JAUNDICE(POST SVR YR2017)	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	88	130	80	14	98	52.3	1.8	22.3	PALLOR,ICTERUS	SPIDER NEVI	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
57	975107	HCV RELATED CLD SINCE 2016,INTERITTENT JAUNDICE(SVR STATUS SEP2019)	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	14	98	76	1.2	30.64	PALLOR	SPIDER NEVI	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
58	981506	ALCOHOL ,HCV RELATED LIVER DISEASE SINCE 2011,ALD,INTERMITTENT JAUNDICE	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	70	110	70	14	98	68	1.8	22.8	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
59	936309	NASH CLD SINCE 5 YEARS, INTERMITTENT JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	70	110	70	14	98	69	1.2	26.4	PALLOR,ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
60	159779	HCV RELATED CLD SINCE 2015,SVR SEP.2017, H/O NEEDLE PRICK INJURY	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	70	110	70	14	98	95	1.8	28.4	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
61	942618	ALCOHOL,HCV , ALD/CLD SINCE 16YEARS, JAUNDICE FEB2020	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	74	110	70	18	98	95	1.8	29.32	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
62	464795	HCV RELATED (SVR 2018) , H/O BLOOD TRANFUSION	NOT RELEVANT	NO	YES	NO	NO	VEG.	74	120	80	18	98	73	1.7	24.3	PALLOR	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
63	940374	HEP B RELATED CLD SINCE 10 YEARS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	74	110	70	18	98	92	1.82	27.8	PALOR, ICTERUS, OEDEMA	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
64	943978	HEPATITIS B RELATED SINCE APRIL 2020 , JAUNDICE 3 EPISODES	NOT RELEVANT	NO	YES	NO	NO	NONVEG.	110	110	70	14	98	54	1.3	18.6	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
65	931213	NASH CLD SINCE 5YRS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	83	110	70	18	98	95	1.8	28.4	PALLOR,ICTERUS	SPIDER NEVI	ABSENT	SPLENOMEGALY	FLUID THRILL
66	75515	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	83	110	70	22	98	54	1.3	18.6	PALLOR,ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	SHIFTING DULLNESS
67	734595	HEPATITS C RELATED CLD FROM 10 YEARS (POST SVR 2019)	NOT RELEVANT	NO	NO	ADDICTED	NO	NONVEG.	92	110	70	18	98	92	1.82	27.7	PALLOR	ABSENT	DISTENDED	LIVER PALPABLE	SHIFTING DULLNESS
68	331987	NASH RELATED SINCE 2013, JAUNDICE 4 5 EPISODES, BLOOD TRANSFUSION 1 UNIT 8 YEARS AGO	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	18	98	58	1.5	24	PALLOR,ICTERUS	ABSENT	DISTENDED	SPLENOMEGALY	NO DULLNESS
69	546458	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	120	90	19	99	70	1.6	25.9	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
70	933736	HCV RELATED SINCE 5 YEARS, BLOOD TRANSFUSION 1 UNIT	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	14	98	70	1.6	25.9	PALLOR,ICTERUS	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
71	931632	HCV RELATED CLD SINCE 2 YEARS,H/O BLOOD TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	14	98	65	1.7	22.49	PALLOR,ICTERUS	GYNAECOMASTIA	DISTENDED	SPLENOMEGALY	SHIFTING DULLNESS
72	935620	CLD SINCE 2014, HCV POSITIVE SINCE 2013 (POST SVR)	NOT RELEVANT	NO	NO	NO	NO	VEG.	110	110	70	18	98	95	1.8	29.32	PALLOR,ICTERUS	GYNAECOMASTIA	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
73	956307	ALCOHOL ,HCV RELATED SINCE 2012, JAUNDICE 4-5 EPISODES, TREATMENT TAKEN INF	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	72	110	70	14	98	95	1.7	32.2	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
74	941796	NOT A KNOWN CASE OF CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	83	120	80	18	98	73	1.7	24.3	PALLOR,ICTERUS	GYNAECOMASTIA	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
75	1017668	HEPATITIS C RELATED CLD SINCE 5YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	18	98	70	1.6	25.9	PALLOR,ICTERUS	GYNAECOMASTIA	ABSENT	SPLENOMEGALY	NO DULLNESS
76	967029	ALD CLD SINCE 10YRS	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	84	110	70	14	98	65	1.7	22.49	PALLOR	GYNAECOMASTIA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
77	978085	ALD CLD SINCE 10YERAS	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	74	110	80	18	98	54	1.3	18.6	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
78	965433	HCV RELATED FROM 6MONTHS, JAUNDICE 4 EPISODES, BLOOD TRANSFUSION ONE UNIT	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	14	98	65	1.7	22.49	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
79	505769	ALD CLD SINCE 4YRS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	110	70	18	98	75	1.8	33.15	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL

Sr. No.	MRD NO	AUSCULTATION	CHEST	CNS	CVS	Hb(gm%)	PCV(%)	MCH(pg)	MCV(ft)	MCHC(gm%)	TLC(mm3)	DLC (P/M/L/E %)	PLATELETS (mm3)	TOTAL BILIRUBIN (mg%)	DIRECT BILIRUBIN	SGOT(U/L)	SGPT(U/L)	ALP(U/L)	TOTAL PROTEIN (gm%)	SERUM ALBUMIN (gm%)	PTI/INR	SERUM CREATININE (mg%)	UREA(mg%)	Na	K	cl(meqL)
55	832293	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.1	28.5	32.5	101	32	4.5	42.5/10.1/435/3.4	60	2.61	1.86	46	57	333	7.6	2.98	1.35	0.35	20	122	3.5	96
56	456804	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	15.6	46	30	93	7.8	-	69/10.5/15/3	150	2.88	0.56	66	65	110	5.3	0.94	1.36	0.64	42	128	4.5	96
57	975107	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.88	30.7	32	103	31	6.3	60/8/31/1.4	150	0.68	0.5	54	104	135	7.6	3.39	1.64	0.34	42	124	5	96
58	981506	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	7.6	21.8	30.3	87.4	34.7	2.2	57.5/22/17/2.2	50	0.46	0.27	52	56	60	5.5	3.22	1.12	0.35	40	135	5	96
59	936309	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	11.6	46	30	93	33	7.8	69/10.5/16/3	150	9.42	5.69	154	245	130	9.1	3.44	1.81	1.87	54	118	4	89
60	159779	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8	30.7	32	103	31.7	6.3	60/8/31/1.4	150	2.61	1.86	46	53	70	7.6	2.98	1.35	1.45	67	133	5.08	96
61	942618	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.5	28.7	33.4	100	33.1	9.2	78.9/88.2/11.9/0.8	108	4.14	2.3	58	57	110	7.6	2.8	1.83	0.79	25	144	4.19	102
62	464795	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9	30.7	32	103	31.7	6.3	66/9/31/1.4	120	1.33	0.37	48	56	110	5.4	7.3	2.4	0.52	40	111	3.5	96
63	940374	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	11.6	96	30	93	33	7.8	69/10.5/16/3	180	26.64	18.6	101	173	212	6.4	1.8	1.5	1.44	56	127	3.5	94
64	943978	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	7.6	21.8	30.3	87.4	34.7	2.2	57/22/17/2.2	180	1.87	0.89	58	57	130	7.5	2.91	1.57	0.64	34	133	300	92
65	931213	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	2.6	20.8	29.3	87.4	34.7	2.2	60/22/17/.02	90	7.86	5.94	137	140	180	5.5	2.79	1.16	3.8	116	135	95	96
66	75515	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	10.2	30.1	33.6	99.1	33.9	8.8	50/6.6/30/1.9	80	1.96	0.54	54	54	92	6.2	3.21	1.28	1.08	56	141	3.84	112
67	734595	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.6	26.4	29.7	91	32.6	3.5	7.8/8.3/9.8/.3	150	1.51	0.63	125	140	270	6.7	7.3	3.42	0.35	25	135	5	92
68	331987	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	7.6	21.8	30.3	87	37	2.2	57/22/17.9/2.2	128	1.63	0.98	94	80	110	7.3	3.8	1.18	0.62	42	133	4.5	93
69	546458	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	7.5	21	30.3	86.4	34	32	57/22/18/2	120	1.59	0.8	198	102	110	7.2	3.5	1.49	0.35	40	128	3.5	96
70	933736	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.8	30.7	32	103	31.7	6.3	60/8/31/1.4	150	9.75	7.9	353	545	130	7.6	2.63	1.9	1.8	72	134	5	92
71	931632	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.8	30.7	32	103	31.7	6.3	60/8/31/1.4	180	3.87	2.97	242	271	130	7.4	2.8	1.47	1.21	54	119	5.9	90
72	935620	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.6	30.8	36	114	30.7	6.8	70/8/31/0.8	190	5.99	3.22	66	355	179	6.8	2.54	1.74	1.2	40	128	4.8	92
73	956307	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	8.2	40	24	86.2	30.7	9.8	58/10/20/2.7	120	10.43	9.87	200	77	136	6.8	2.3	2.2	1.58	54	108	4.9	87
74	941796	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.8	30.6	32	10.3	30.7	6.3	70/8/31/1.4	120	2.93	2.47	45	69	67	6.8	3.24	1.36	1.37	68	124	3.5	98
75	1017668	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.2	40	24	20.2	30.7	9.8	58/10/20/3.7	150	2.3	0.93	42	47	130	6.8	2.94	1.06	4.2	-	130	4.8	98
76	967029	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.6	26.4	29.7	91.1	32.6	3.5	78/8.3/9.8/3	44	0.77	0.22	50	23	94	7.2	3.22	1.31	2.2	0.76	135	4.26	102
77	978085	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	15.6	46	30	93	33	7.8	69/10.5/16/3	70	0.89	0.75	20	23	46	7.8	4.5	1.03	0.32	46	128	3.5	112
78	965433	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.6	24.9	36	101	35.1	22	70/10/08/0.4	120	1.21	0.59	58	109	209	7.6	3.8	1.01	0.35	42	125	3.5	118
79	505769	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	15.2	40	32	110	33	7.8	69/10.5/16/3	120	8.17	6.59	110	120	113	5.9	1.97	2.05	2.35	55	128	3.5	10

Sr. No.	MRD NO	HBsAg positive	AntiHBc (IgM/IgG)	HBV DNA PCR	HBV viral load	HCV infection-AntiHCV antibody	HCV RNA (PCR)	Anti HIV	AFP LEVELS	UGIE PROFILE	USG WA	USG APPEARANCE OF HCC	CT APPEARANCE OF HCC	NUMBER OF LESIONS	EXTRAHEPATIC SPREAD OF HCC	DISTRIBUTION OF HCC	SIZE OF HCC	VASCULAR INVASION
55	832293	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.9	604	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	LEFT	2.8CM	MPV
56	456804	0.06	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	150	100000	0.1	280	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	SINGLE	NO	BILOBAR	5.2CM	MPV
57	975107	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	515	TARGET NOT DETECTED	0.1	349	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	RIGHT	3.4CM	NO
58	981506	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	250	1.8*10000	0.9	10	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	7.6CM	NO
59	936309	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.23	NOT APPLICABLE	0.1	206	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	5.2CM	MPV
60	159779	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	512	100000	0.3	203	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	BILOBAR	3.2CM	NO
61	942618	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	98.71	80,848	0.1	515	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	SINGLE	NO	LEFT	6.1CM	NO
62	464795	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	85.32	TARGET NOT DETECTED	0.6	450	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	ONE	NO	BILOBAR	3.3CM	MPV
63	940374	3186	NOT DONE	NOT DETECTABLE	NIOT DONE	0.1	NOT APPLICABLE	0.34	800	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	3.2CM	NO
64	943978	359.1	NOT DONE	NOT DETECTABLE	NOT DONE	0.07	NOT APPLICABLE	0.9	700	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	3.2CM	MPV
65	931213	0.29	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.3	NOT APPLICABLE	0.9	790	NO PHG/VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	LEFT	7CM	LPV
66	75515	0.32	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.29	NOT APPLICABLE	0.9	24	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	6.9CM	NO
67	734595	0.22	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	28	TARGET NOT DETECTED	0.1	320	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	MULTINODULAR	NO	RIGHT	2.5CM	NO
68	331987	0.23	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.2	363	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	BILOBAR	2.5CM	MPV
69	546458	0.22	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	65	TARGET NOT DETECTED	0.2	110	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	RIGHT	5.3CM	NO
70	933736	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	74.53	200000	0.9	456	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	5.4CM	NO
71	931632	0.32	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	9.06	TARGET NOT DETECTED	0.9	500	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	3.3CM	PV,IVC,HV
72	935620	0.8	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	290	TARGET NOT DETECTED	0.8	600	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	MULTINODULAR	NO	RIGHT	3.5CM	NO
73	956307	0.6	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	115	TARGET NOT DETECTED	0.1	290	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	THREE OR MORE	NO	RIGHT	3CM	NO
74	941796	0.07	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.03	TARGET NOT DETECTED	0.15	103	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	MULTINODULAR	NO	RIGHT	3CM	MPV,HV
75	1017668	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	25.05	200000	0.07	800	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	LEFT	3.5CM	NO
76	967029	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	TARGET NOT DETECTED	0.02	408	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, WELL DEFINED HYPERECHO AREA	HYPERECHOIC	HETEROGENEOUS	THREE OR MORE	NO	LEFT	2.5CM	NO
77	978085	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	TARGET NOT DETECTED	0.02	800	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL LIVER SOL 9cm IN SEGMENT 8, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	9CM	NO
78	965433	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	31.16	TARGET NOT DETECTED	0.1	230	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, LIVER SOL,HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	3.8CM	NO
79	505769	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	TARGET NOT DETECTED	0.02	65	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, LIVER SOL,HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	LEFT	3.4CM	NO

Sr. No.	MRD NO	TRIPHASIC CT ABDOMEN	MRI ABDOMEN	LIVER BIOPSY	DATE	GRADE,HAI SCORE	FIBROSIS STAGE	BCLC STAGING	PERFORMANCE STATUS	Child Pugh score	MELD score	TREATMENT MODALITY (MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)	PROTOCOL	Date of commencemnet	Date of completion	SURVIVAL	NONSURVIVAL
55	832293	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 2.8*2.CM IN SEGMENT 3 OF LEFT LOBE AND 2.2*2 CM IN SEGMNET 4 OF LEFT LOBEWITH ECCENTRIC PVT, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	10/B	32	MEDICAL	REGORAFENIB	13/9/2020	13/9/2020	YES	NO
56	456804	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 5.2*2CM WITH TUMOUR IN VEIN ,HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	9/B	22	MEDICAL	SORAFENIB	15/11/2020	CONTINUED	YES	NO
57	975107	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 2*1.9CM IN SEGMENT 5,8 ,HYPODENSE	NOT DONE	DONE	18/09/2020	1,2	3	STAGE B	0	6/A	14	RADIOLOGICAL	RFA	25/11/2020	25/11/2020	YES	NO
58	981506	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 7.6*6CM IN SEG 6,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	48	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
59	936309	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION WITH TUMOR IN VEIN -INFILTERATIVE HCC, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	32	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
60	159779	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESIONS MULTICENTRIC IN SEGMENST 4,5 ,6 ,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	20	MEDICAL	SORAFENIB	24/7/2020	CONTINUED	YES	NO
61	942618	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION 6.1*1.9CM IN SEGMENT 3IN LEFT LOBE, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	19	MEDICAL	LENVATINIB	15/7/2020	15/7/2020	YES	NO
62	464795	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION WIITH TUMOR IN VEIN ,HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	7/B	21	MEDICAL	SORAFENIB	20/7/2020	CONTINUED	YES	NO
63	940374	CIRRHOSIS WITH PORTAL HTN ,LIRADS 5 LESION S MULTICENTRIC IN SEGMENTS 4,5,6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	31	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
64	943978	CLD WITH PORTAL HTN,LIRADS 5 LESION ,3.2*2.3 CM IN SEG 6 WITH TUMOR IN PORTAL VEIN,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	17	MEDICAL	SORAFENIB	18/7/2020	CONTINUED	YES	NO
65	931213	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*7CM IN SEG 3 OF LEFT LOBEWITH PORTAL VEIN THROMBOSIS, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	29	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
66	75515	CLD WITH PORTAL HTN,LIRADS 5 LESION 3.6*1 CM , 5.6*6.9 CM LESIONS IN SEG 8, LIRADS 4 LESION IN SEG 6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	32	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
67	734595	CLD WITH PORTAL HTN,LIRADS 5 LESION 2*2.5 CM LESION IN SEGMENT 8 ,LIRADS 4 LESION IN SEG 4, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	11	MEDICAL	LENVATINIB	13/6/2020	13/6/2020	YES	NO
68	331987	CLD WITH PORTAL HTN,LIRADS 5 LESION 2.5*2 CM WITH TUMOR IN VEIN-INFILTERATIVE HCC, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	41	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	06-10-2020	CONTINUED	NO	YES
69	546458	CLD WITH PORTAL HTN,LIRADS 5 LESION 5.3*3 CM LESION IN SEG 8,MILD ASCITES, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	5/A	11	RADIOLOGICAL	TACE,SORAFENIB	4/6/2020, 8/6/2020	CONTINUED	YES	NO
70	933736	CLD WITH PORTAL HTN,LIRADS 5 LESIONS- MULTICENTRIC IN SEGMENTS 7,8 ,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	29	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
71	931632	CLD WITH PORTAL HTN,LIRADS 5 LESION 3.3*3CM IN SEGMENT 2 WITH TUMOUR THROMBOSIS OF HEPATIC VEIN, IVC, PORTAL VEIN-TIV, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	27	MEDICAL	SORAFENIB	06-07-2020	CONTINUED	YES	NO
72	935620	CLD WITH PORTAL HTN,LIRADS 5 LESION ,HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	27	MEDICAL	SORAFENIB	2016	CONTINUED	YES	NO
73	956307	CLD WITH PORTAL HTN,LIRADS 5 LESION ,HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	33	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
74	941796	CLD WITH PORTAL HTN,LIRADS 5 LESION INFILTRATIVE HCC INVOLVING CAUDET LOBE OF LIVER, PVT 2*3cm IN SEGMENT 6 AND HEPATIC VEIN THROMBOSIS, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	26	MEDICAL	LENVATINIB	18/7/20	18/7/20	YES	NO
75	1017668	CLD WITH PORTAL HTN,LIRADS 5 LESION , POORLY CIRCUMSCRIBED MASK LESION SHOWING BETTER GENEROUS ENHANCEMENT ON ARTERIAL PHASE 3.5*3cm WITH PV ,HYPODENSE WASHOUT IN SEGMENT 3	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	17	MEDICAL	LENVATINIB 8MG OD	30/01/2021	CONTINUED	YES	NO
76	967029	CLD WITH PORTAL HTN,LIRADS 5 LESION ,HETEROGENEOUS SEEN 2.3*2.5cm IN SEGMENT 7 OF RIGHT LOBE OF LIVER, PV AND ITS BRANCHES SHOWING NORMAL FLOW AND 2.1*4cm IN SEGMENT 4	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	11	RADIOLOGICAL	RFA, SORAFENIB	30/10/2020, 27/10/2020	CONTINUED, 27/10/2020	YES	NO
77	978085	CLD WITH PORTAL HTN,LIRADS 5 LESION 9*9 cm SOL IN SEGMENT 8 OF LIVER, PV NORMAL,FATTY LIVER, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	1	7/B	18	RADIOLOGICAL	TACE,SORAFENIB	2/11/20 AND 28/10/2020	28/10/2020	YES	NO
78	965433	CLD WITH PORTAL HTN,LIRADS 5 LESION, LIVER SOL HETEROGENOUSLY ENHANCING LESION 3.8*2cm IN SEGMENT 6	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	1	5/A	6	RADIOLOGICAL	MWA	28/10/2020	28/10/2020`	YES	NO
79	505769	CLD WITH PORTAL HTN,LIRADS 5 LESION, HETEROGENOUSLY ENHANCING LIVER SOL 3.4*3.1cm INSEGMENT 4A	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	15	MEDICAL	LENVATINIB	10/02/2020,27/01/2020	27/01/2020	YES	NO

Sr. No.	MRD NO	AGE	GENDER	ADMISSION NO	DATE OF ADMISSION	Comorbidities	DIAGNOSIS (ETIOLOGY RELATED CLD,HCC)	YEAR AND MONTH OF DIAGNOSIS	CLINICAL PRESENTATION	SYMPTOM DURATIN BEFORE HCC DIAGNOSIS	Abdominal pain/ discomfort	Abdominal swelling/ distension	Weight loss	Fever	Oedema feet	Decreased urine output	Jaundice	Generalized body weakness	Bleeding tendencies	Bony pains	Altered sensorium	GIT bleed	Others if any(including paraneoplastic manifestations)
80	752101	65	Male	2020028105	28/05/2020	NO	NASH	Mar-20	SYMPTOMATIC	6MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
81	929593	65	Male	2020027998	27/05/20	TYPE 2 DM ,HTN	NASH	May-18	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO
82	8746611	42	Male	2019093158	31/12/2019	TYPE 2 DM ,HTN	CRYPTOGENIC CIRROHOSIS	01-Dec	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO
83	918163	60	Male	2020019477	18/03/2020	TYPE 2 DM ,HTN	ALCOHOL+HBV,HBsAg+, HBV DNA+	Mar-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO
84	557062	48	Female	2020011742	17/02/2020	NO	HCV RELATED,AntiHCV Ab+	Feb-20	SYMPTOMATIC	15DAYS	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
85	985997	42	Male	2020054211	11-11-2020	TYPE 2 DM ,HTN	ALCOHOL	Nov-20	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO
86	879138	50	Male	2020002159	01-10-2020	NO	ALCOHOL	Jan-20	SYMPTOMATIC	7MONTHS	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
87	888268	70	Male	2020006473	28/1/2020	NO	NASH	Jan-20	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
88	986827	57	Male	2020054546	13/11/2020	TYPE 2 DM ,HTN	ALCOHOL	Nov-20	SYMPTOMATIC	7MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
89	860820	65	Male	2020006731	29/1/2020	NO	ALCOHOL	Sep-19	SYMPTOMATIC	7MONTHS	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
90	962429	73	Male	2020042613	09-04-2020	NO	ALCOHOL	Sep-20	SYMPTOMATIC	7MONTHS	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	NO
91	948996	62	Male	2020055090	17/11/2020	NO	NASH	Nov-20	SYMPTOMATIC	15DAYS	YES	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
92	978797	66	Male	2020051691	28/10/2020	TYPE 2 DM ,HTN	NASH	Oct-20	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
93	984336	55	Female	2020053399	11-07-2020	NO	NASH	01-Nov	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
94	985270	62	Male	2020053829	11-09-2020	NO	HCV RELATED,HCV RNA+	Nov-20	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
95	945353	67	Male	2020035977	20/7/2020	NO	HCV,AntiHCV Ab+	Jul-20	SYMPTOMATIC	15DAYS	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
96	935358	55	Male	2020031094	17/06/2020	NO	ALCOHOL	Jun-20	SYMPTOMATIC	1MONTH	YES	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
97	923105	47	Male	2020023454	20/02/2021	NO	HCV RELATED,HCV RNA+	Dec-20	SYMPTOMATIC	7MONTHS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
98	392419	51	Male	2020026416	16/5/2020	TYPE 2 DM ,HTN	ALCOHOL	May-20	SYMPTOMATIC	7MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
99	828142	68	Male	2020006908	29/1/2020	NO	HBV,HBsAg+	Feb-20	SYMPTOMATIC	15DAYS	NO	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
100	1034530	59	Female	2021010321	25/2/2021	NO	HCV RELATED,HCV RNA+	Jan-20	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
101	1011859	55	Male	2021002718	16/01/2021	NO	NASH	21-Jan	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
102	1077748	50	Male	2021021998	26/3/2021	TYPE 2 DM ,HTN	ALCOHOL	Mar-21	SYMPTOMATIC	1MONTH	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
103	989164	65	Male	2021021193	21/3/2021	NO	HCV RELATED,AntiHCV Ab+	Mar-21	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO

Sr. No.	MRD NO	PAST HISTORY	FAMILY HISTORY	ALCOHOL	SMOKING	OPIUM ABUSE	OTHER DRUG	DIETARY HABITS	PULSE (min)	SBP (mmHg)	DBP (mmHg)	RR (min)	TEMP (F)	WEIGHT (Kg)	height (m)	BMI (Kg/m2)	GENERAL PHYSICAL EXAMINATION (GPE)	PERIPHERAL SIGNS OF CLD	INSPECTION	PALPATION	PERCUSSION
80	752101	NASH RELATED CLD SINCE 6YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	82	140	90	18	98	70	1.6	25.9	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
81	929593	NASH RELATED CLD FROM 4 YEARS, JAUNDICE 4 EPISODES, BLOOD TRANSFUSION 1 UNIT	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	74	110	90	18	98	92	1.82	27.8	PALLOR,ICTERUS	ABSENT	DISTENDED	SPLENOMEGALY	SHIFTING DULLNESS
82	8746611	CLD	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	120	120	80	14	98	95	1.7	32.2	PALOR, ICTERUS, OEDEMA	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
83	918163	ALD ,HEPATITIS B CLD, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	VEG.	114	120	80	18	98	92	1.82	27.7	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
84	557062	HCV RELATED (POST SVR 2019)	NOT RELEVANT	NO	NO	NO	NO	VEG.	82	110	70	28	98	70	1.6	25.9	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
85	985997	ALD SINCE 2 YEARS, INTERMITTENT JAUNDICE, HISTORY OF 2 PRBC TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	74	130	70	18	98	95	1.8	28.4	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
86	879138	ALD SINCE 15 YEARS	NOT RELEVANT	Yes	YES	NO	NO	NONVEG.	83	110	70	14	98	75	1.8	23.15	PALLOR,ICTERUS	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
87	888268	NASH RELATED CLD SINCE 2 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	84	110	70	14	98	54	1.3	18.6	PALLOR,ICTERUS	SPIDER NEVI	ABSENT	SPLENOMEGALY	PUDDLE SIGN POSITIVE
88	986827	ALD/CLD FROM 10YEARS, JAUNDICE POSITIVE	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	110	110	90	18	98	95	1.7	32.2	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
89	860820	ALD/CLD FROM 5 YEARS, 1 PRBC TRANSFUSION, JAUNDICE	NOT RELEVANT	Yes	NO	NO	NO	VEG.	98	110	70	18	98	70	1.6	25.9	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	SHIFTING DULLNESS
90	962429	ALD CLD SINCE 2YRS	NOT RELEVANT	YES	NO	NO	NO	VEG.	78	120	80	18	98	75	1.8	23.15	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
91	948996	CLD (NASH) FROM 5 YEARS, JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	14	98	70	1.6	25.9	PALLOR,ICTERUS	PALMAR ERYTHEMA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
92	978797	CLD NASH RELATED FROM 5YEARS, JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	18	98	95	1.8	28.4	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
93	984336	CLD (NASH) FROM 5 YEARS, JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	140	90	20	97	73	1.7	24.3	PALLOR,ICTERUS	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
94	985270	HCV RELATED CLD SINCE 5 YEARS, POST SVR YEAR 2020, JAUNDICE, 1PRVC TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	74	120	80	26	98	75	1.8	23.1	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
95	945353	HEPATITIS C RELATED *POST SVR), H/O NEEDLE PRICK INJURY PRESENT	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	18	98	70	1.6	25.9	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
96	935358	ALD CLD SINCE 3 YEARS, INTERMITTENT JAUNDICE, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	110	70	18	98	70	1.6	25.9	PALLOR,ICTERUS	LEUCONYCHIA	DISTENDED	SPLENOMEGALY	NO DULLNESS
97	923105	HEPATITIS C RELATED *POST SVR)	NOT RELEVANT	NO	NO	NO	NO	VEG.	110	120	70	14	98	75	1.8	23.15	PALLOR	ABSENT	DISTENDED	SPLENOMEGALY	NO DULLNESS
98	392419	ALCOHOL RELATED CLD FROM 5 YEARS	NOT RELEVANT	YES	NO	NO	NO	VEG.	72	110	70	18	98	92	1.8	27.7	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
99	828142	HEPATITIS B RELATED CLD ON TAF ,H/O NEEDLE PRICK INJURY	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	18	98	54	1.3	18.6	PALLOR,ICTERUS	GYNAECOMASTIA	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
100	1034530	HCV RELATED CLD FROM 10 YEARS POST SVR	NOT RELEVANT	NO	NO	NO	NO	VEG.	80	110	70	18	98	73	1.7	24.3	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
101	1011859	NASH CLD SINCE 5YRS	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	18	96	73	1.7	26	ABSENT	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
102	1077748	ALD CLD	NOT RELEVANT	YES	NO	NO	NO	VEG.	72	110	70	18	98	95	1.8	28.4	PALLOR,ICTERUS	LEUCONYCHIA	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
103	989164	HCV RELATED (POST SVR) FROM 5 YEARS	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	74	120	80	18	94	54	1.3	18	PALLOR	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS

Sr. No.	MRD NO	AUSCULTATION	CHEST	CNS	CVS	Hb(gm%)	PCV(%)	MCH(pg)	MCV(ft)	MCHC(gm%)	TLC(mm3)	DLC (P/M/L/E %)	PLATELETS (mm3)	TOTAL BILIRUBIN (mg%)	DIRECT BILIRUBIN	SGOT(U/L)	SGPT(U/L)	ALP(U/L)	TOTAL PROTEIN (gm%)	SERUM ALBUMIN (gm%)	PTI/INR	SERUM CREATININE (mg%)	UREA(mg%)	Na	K	cl(meqL)
80	752101	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	11.5	35.4	25.3	85.3	32.6	6.9	73.7/11.7/14.2/.1	150	0.97	0.42	44	188	147	6.8	3.39	1.14	1.23	24	132	4.5	96
81	929593	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.7	34.9	28.7	88.5	32.6	7.2	73/10/13/2	247	2.3	1.9	42	43	49	4.4	2.4	1.39	2.26	140	130	3.5	-
82	8746611	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	11.7	34.9	27	86	33	7.2	77/8/12/2.3	280	15.4	22.2	234	300	119	5.4	5.28	2.08	2.3	110	128	4.2	110
83	918163	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.4	29	28.5	87.9	32.4	6.8	62/10/24/1.7	135	19.82	10.93	159	145	140	6.8	2.28	2.39	3.54	112	120	3.5	74
84	557062	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	9.4	30	27	88	33	6.9	62/10/26/1.6	140	3.94	3.12	58	56	158	6.3	2.7	2.2	1.41	60	133	3.7	118
85	985997	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.8	30.6	32	103	30.7	6.3	70/8/31/.4	120	6.38	6.18	245	268	245	7.3	2.6	2.02	0.053	10	128	5	110
86	879138	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.2	40	24	80.2	30.7	9.8	60/10/20/0.7	150	5.6	4.8	65	68	193	6.5	1.9	2.93	2.38	134	134	4.5	110
87	888268	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.8	30.6	32	103	30.7	6.3	70/08/31/0.4	150	7.48	6.48	60	82	110	5.7	2.22	1.98	1.3	100	118	3.5	96
88	986827	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	11.5	35.4	25.3	85.3	32.6	6.9	73/11.7/14/0.1	150	1.9	0.58	52	60	110	5.3	2.38	1.97	0.35	24	135	3.5	92
89	860820	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.4	29	28.5	87.9	32.4	6.8	62/10/24/1.7	140	1.31	0.71	118	110	140	7.3	2.92	1.43	0.56	40	134	3.8	100
90	962429	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.4	29	28.5	87.9	32.4	6.8	62/10/24/1.7	140	1.24	0.73	68	69	110	7.2	2.8	1.14	1.43	100	128	3.5	96
91	948996	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	8.6	26.4	29.7	91.1	32.6	3.5	7.8/8.3/2.3/0.3	180	3.19	1.73	49	48	130	6.8	3	1.47	1.69	86	130	3.8	120
92	978797	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.2	40	24	20.7	30.2	9.8	58/10/20/3	120	1.28	0.96	59	82	350	7.8	3.2	1.06	0.35	40	128	3.5	110
93	984336	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	7.6	21	30	87	37	2.2	57/22/17/2	128	2.45	1.55	55	83	176	6.3	3.4	1.86	0.43	31	128	3.5	110
94	985270	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.2	40	24	20	30	9.8	58/10/20/3.5	150	1.89	0.93	50	58	110	5.8	2.6	1.9	1.64	64	125	3.5	110
95	945353	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	11.7	34.9	28.7	88.5	22	26	73/10/13/2	247	1.36	0.85	76	78	110	6.3	2.8	1.25	2.8	73	118	3.5	82
96	935358	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	8.6	20.8	29.3	87.4	34	2.2	60/22/17/.2	90	2.42	1.69	57	117	265	7.6	2.3	1.31	0.35	18	135	3.5	122
97	923105	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	7.6	22	30	87	37	2.2	57/22/17/2.2	150	1.51	0.51	110	140	118	7.5	3.5	1.5	0.35	18	135	3.5	82
98	392419	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	7.5	22	30	86	34	22	57/22/18/2	320	1.81	1.61	102	93	112	6.1	2.3	1.36	0.69	24	135	3.8	110
99	828142	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.3	26	29	91	33	3.5	7.8/8.3/7.8/.3	150	2.11	1.15	110	120	115	7.6	2.84	1.21	1.24	87	118	3.5	120
100	1034530	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	10.2	30	33	99	33	8.8	50/6.6/30/1.9	80	2.36	1.33	144	148	259	6.8	3.1	1.82	0.35	18	128	3.5	92
101	1011859	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	7.6	21.8	30.3	87	34	2.2	57/22/17/2.2	180	1.24	0.42	61	135	110	6.85	2.94	1.37	0.6	48	132	4.8	82
102	1077748	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9	30.7	32	103	31.7	6.3	60/9/31/1.4	120	7.09	5.9	86	194	178	7.2	2.3	1.8	2.8	100	121	3.8	80
103	989164	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.5	28.7	33	103	33	9.2	78/8.2/11.2/.8	108	1.56	0.56	45	48	251	7.3	2.92	1.54	0.65	44	128	3.5	110

Sr. No.	MRD NO	HBsAg positive	AntiHBc (IgM/IgG)	HBV DNA PCR	HBV viral load	HCV infection-AntiHCV antibody	HCV RNA (PCR)	Anti HIV	AFP LEVELS	UGIE PROFILE	USG WA	USG APPEARANCE OF HCC	CT APPEARANCE OF HCC	NUMBER OF LESIONS	EXTRAHEPATIC SPREAD OF HCC	DISTRIBUTION OF HCC	SIZE OF HCC	VASCULAR INVASION
80	752101	0.09	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.01	TARGET NOT DETECTED	0.03	29	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, LIVER SOL,HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	5.9CM	NO
81	929593	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.02	TARGET NOT DETECTED	0.03	76	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, LIVER SOL,HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	8.5CM	NO
82	8746611	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	5.68	TARGET NOT DETECTED	0.02	180	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, LIVER SOL,HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	6.2CM	MPV
83	918163	150	NOT DONE	85*100000	NOT DONE	0.03	TARGET NOT DETECTED	0.07	54	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	TWO	NO	RIGHT	5.2CM	NO
84	557062	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	97	TARGET NOT DETECTED	0.03	55	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL CIRROHOSIS WITH PORTAL HYPERTENSION GROSS ACITES, SOL, HETEROGENEOUS CANNOT BE RULED OUT	HETEROGENEOUS	HETEROGENEOUS	TWO	NO	RIGHT	6CM	MPV
85	985997	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.01	NOT APPLICABLE	0.07	110	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL,HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	LEFT	6CM	NO
86	879138	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.09	NOT APPLICABLE	0.02	60	NOT DONE	CLD WITH MILD SPLENOMEGALY, MULTIPLE SUB CENTIMETRIC HYPOECHOIC LESIONS IN LIVER, GROSS ASCITES WITH INTERENAL SEPTATIONS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	LEFT	6CM	NO
87	888268	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.09	NOT APPLICABLE	0.03	200	NOT DONE	CLD,PORTAL HTN WELL DEFINED HETEROGENOUS AREA ADJACENT TO PORTA WITH BILOBAL IHBRD	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	LEFT	4CM	NO
88	986827	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	NOT APPLICABLE	0.18	110	NOT DONE	CLD WITH HETEROGENOUS HYPOECOHOIC SOL IN RIGHT LOBE SIGNIFICANT ASCITES	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	LEFT	6CM	NO
89	860820	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	NOT APPLICABLE	0.09	200	ESOPHAGEAL VARICES	SEGMENT 5 PERIPHERAL NODULAR LESIONS REOCCURENCE HCC,HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	LEFT	3.8CM	NO
90	962429	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.3	45	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	LEFT	7.5CM	MPV ,RPV,LPV
91	948996	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.02	NOT APPLICABLE	0.03	50	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	PULMONARY	RIGHT	4CM	NO
92	978797	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	NOT APPLICABLE	0.23	180	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	BONY	RIGHT	6CM	MPV
93	984336	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.07	NOT APPLICABLE	0.03	157	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	3CM	MPV ,RPV,LPV
94	985270	0.09	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.3	6000	0.03	833	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	RIGHT	2.3CM	NO
95	945353	0.02	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	46	TARGET NOT DETECTED	0.07	323	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	MULTINODULAR	NO	RIGHT	3.2CM	NO
96	935358	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.08	NOT APPLICABLE	0.2	167	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	RIGHT	6CM	MPV
97	923105	0.7	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.6	50000	0.29	80	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	SINGLE	NO	RIGHT	6CM	NO
98	392419	0.8	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.3	780	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	LEFT	6CM	RPV
99	828142	4642	NOT DONE	NOT DETECTABLE	NOT DONE	0.2	NOT APPLICABLE	0.1	50	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	SINGLE	NO	RIGHT	6CM	NO
100	1034530	0.63	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.8	34000	0.2	700	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPERDENSE	SINGLE	NO	LEFT	9.8CM	RPV
101	1011859	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.3	NOT APPLICABLE	0.1	89	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	SINGLE	NO	RIGHT	6CM	NO
102	1077748	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.3	120	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	LEFT	3CM	MPV ,RPV,LPV
103	989164	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	45	90000	0.22	87	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	BONY	LEFT	3CM	MPV ,RPV,LPV

Sr. No.	MRD NO	TRIPHASIC CT ABDOMEN	MRI ABDOMEN	LIVER BIOPSY	DATE	GRADE,HAI SCORE	FIBROSIS STAGE	BCLC STAGING	PERFORMANCE STATUS	Child Pugh score	MELD score	TREATMENT MODALITY (MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)	PROTOCOL	Date of commencemnet	Date of completion	SURVIVAL	NONSURVIVAL
80	752101	CLD WITH PORTAL HTN,LIRADS 5 LESION 5.9*3.5cm, INSEGMENT 6, 2*2cm LESION IN SEGMENT 7, 3*1.1cm LESION IN SEGMENT 7, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	5/A	8	RADIOLOGICAL	TACE	29/05/2020	29/05/2020	YES	NO
81	929593	CLD WITH PORTAL HTN,LIRADS 5 LESION CIRROHOSIS WITH FORTAL HYN 7*6 cm, HCC LEISON IN SEGEMT 7 OF RIGHT LOBE IS 8.8*5cm, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	25	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
82	8746611	CLD WITH PORTAL HTN,LIRADS 5 LESION LARGE INFILTERATIVE MASS LEISON IN BOTH LOBES WITH PORTAL VEIN INVASION AND THROMBOSIS LIRADS TIV SECONDARY TO HYPODENSE INFILTERATIVE HCC	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	35	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
83	918163	CLD WITH PORTAL HTN,LIRADS 5 LESION LIRADS-TIV SECONDARY TO INFILTERATIVE 5*6 cm IN SEGMENT 7,8,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	2,3	SATGE 4	STAGE D	>2	12/C	40	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
84	557062	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*4 cm IN SEGMENT 6 WITH THROMOS IN PORTAL VENOUS SYSTEM-TIV, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	28	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
85	985997	CLD WITH PORTAL HTN,LIRADS 5 LESION 6.02*3.1cm IN SEGMENT 4 OF RIGHT LOBE OF LIVER ,HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	27	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
86	879138	CLD WITH PORTAL HTN,LIRADS 5 LESION MULTICENTRIC 6*2cm IN SIZE IN SEGMENT 4, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	29	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
87	888268	4*3cm IN SEGMENT 4, MULTICENTRIC WITH TIV,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	29	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
88	986827	MULTICENTRIC HCC WITH LARGEST 6*4cm IN SEGMENT 3,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	14	MEDICAL	SORAFENIB	15/11/2020	15/11/2020	YES	NO
89	860820	PERIPHERAL NODULAR ENHANCEMENT LESIONS WITH SMALL ARTERIALLY ENHANCING LESIONS 3*3.8cm IN SEGMENT 3, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	5/A	8	RADIOLOGICAL	RFA	25/12/2019	25/12/2019	YES	NO
90	962429	CLD WITH PORTAL HTN,LIRADS 5 LESION 6.5*7.5cm LESIONS IN SEGMENT 4 WITH PORTAL VEIN WASHOUT IN MAIN PV RIGHT AND LEFT BRANCHES WITH THROMBOSIS--TIV, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	19	MEDICAL	SORAFENIB	09-05-2020	CONTINUED	YES	NO
91	948996	CLD WITH PORTAL HTN,LIRADS 5 LESION 3*4cm IN SEGMENT 2 IN LEFT LOBE OF LIVER WITH TIV AND EXTENSIONS INTO INTRAHEPATIC ARTERY WITH PULMONARY METASTASIS, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	9/B	14	MEDICAL	SORAFENIB	22/11/2020	CONTINUED	YES	NO
92	978797	CLD WITH PORTAL HTN,LIRADS 5 LESION MULTICENTRIC LARGEST 5*6cm WITH TUMOR IN VEIN WITH BONYMETASTASIS, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	7/B	18	RADIOLOGICAL	TACE,SORAFENIB	3/11/20, 5/11/20	CONTINUED	YES	NO
93	984336	CLD WITH PORTAL HTN,LIRADS 5 LESION 3*2.1cm IN SEGMENT 2 OF LEFT LOBE, 2.9*1.9cm LIRADS 3 LESION WITH BLAND THROMBUS IN MIAN PORTAL VEIN AND ANTERIOR DIVISION OF ITS RIGHT BRANCH	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	16	MEDICAL	SORAFENIB	11-06-2020	CONTINUED	YES	NO
94	985270	CLD WITH PORTAL HTN,LIRADS 5 LESION 2.3*1.3cm LESION INSEGMENT 6, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	5/A	8	RADIOLOGICAL	RFA, SORAFENIB	11/11/20, 12/11/20	CONTINUED	YES	NO
95	945353	CLD WITH PORTAL HTN,LIRADS 5 LESION LEFT LOBE AND SEGMENT 8 OF RIGHT LOBE, MULTIPLE HYPODENSE LEISONS IN SPLEENIC GRANULAMATOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	20	MEDICAL	SORAFENIB	25/7/2020	CONTINUED	YES	NO
96	935358	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*2 cm IN SEGMENT 6 WITH TIV, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	11	MEDICAL	LENVATINIB	22/6/2020	CONTINUED	YES	NO
97	923105	CLD WITH PORTAL HTN,LIRADS 5 LESION TIV IN LEFT LOBE SEGMENT 8 OF RIGHT LOBE, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	10	MEDICAL	LENVATINIB	25/3/2021	CONTINUED	YES	NO
98	392419	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*5cm IN SEGMENT 3 IN RIGHT LOBE WITH TIV, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	8	RADIOLOGICAL	TACE	22/5/2020	22/5/2020	YES	NO
99	828142	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*2cm IN SEGMENT 6 WITH TIV, HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	11	MEDICAL	SORAFENIB	02-01-2020	CONTINUE	YES	NO
100	1034530	CLD WITH PORTAL HTN,LIRADS 5 LESION 8.9*9.8cm IN RIGHT LOBE OF LIVER SEGMENT 3 WITH TIV, HYPERDENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	11	MEDICAL	SORAFENIB	25/1/2020	CONTINUED	YES	NO
101	1011859	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*5 cm IN SEGMENT 6 OF LIVER, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	15	MEDICAL	SORAFENIB	21/1/2021	21/1/2021	YES	NO
102	1077748	CLD WITH PORTAL HTN,LIRADS 5 LESION WITH THROMBOSIS OF MAIN PV AND ITS RIGHT LEFT DIVISONS 2*3 cm IN SEGMENT4,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	19	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
103	989164	CLD WITH PORTAL HTN,LIRADS 5 LESION WITH THROMBOSIS OF MAIN PV AND ITS RIGHT LEFT DIVIOSION, BONE METASTASIS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	9	MEDICAL	SORAFENIB	25/03/2021	CONTINUE	YES	NO

Sr. No.	MRD NO	AGE	GENDER	ADMISSION NO	DATE OF ADMISSION	Comorbidities	DIAGNOSIS (ETIOLOGY RELATED CLD,HCC)	YEAR AND MONTH OF DIAGNOSIS	CLINICAL PRESENTATION	SYMPTOM DURATIN BEFORE HCC DIAGNOSIS	Abdominal pain/ discomfort	Abdominal swelling/ distension	Weight loss	Fever	Oedema feet	Decreased urine output	Jaundice	Generalized body weakness	Bleeding tendencies	Bony pains	Altered sensorium	GIT bleed	Others if any(including paraneoplastic manifestations)
104	428361	56	Male	202108932	03-08-2021	NO	HCV RELATED,HCV RNA+	Mar-21	SYMPTOMATIC	1MONTH	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
105	495332	55	Male	2021021339	21/3/2021	NO	ALCOHOL	Jul-20	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
106	1055890	50	Male	2021020350	16/3/2021	NO	HCV RELATED,AntiHCV Ab+	Mar-21	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
107	707389	64	Male	2021019833	13/3/21	TYPE 2 DM ,HTN	NASH	Feb-21	SYMPTOMATIC	15DAYS	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
108	1021520	55	Male	2021005867	02-02-2021	NO	HCV RELATED,AntiHCV Ab+	Feb-21	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO
109	1019147	78	Male	2021006700	02-07-2021	NO	NASH	Aug-20	SYMPTOMATIC	7MONTHS	NO	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
110	1027024	60	Male	2021008710	17/2/2021	NO	ALCOHOL	Feb-21	SYMPTOMATIC	7MONTHS	YES	NO	YES	NO	NO	YES	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
111	1017668	63	Male	2021004356	25/1/2021	NO	ALCOHOL	Jan-21	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
112	1018474	64	Male	2021004930	28/1/2021	NO	NASH	Jan-21	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
113	433570	50	Male	2021005369	23/2/2021	NO	HCV RELATED,AntiHCV Ab+	Jan-20	SYMPTOMATIC	2MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
114	918203	68	Female	202004769	15/3/2021	NO	NASH	Mar-21	SYMPTOMATIC	2MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
115	1042406	40	Male	202004813	03-05-2021	NO	HBV,HBsAg+	Feb-21	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO
116	1055415	68	Male	2020012396	17/3/2021	NO	ALCOHOL	Mar-21	SYMPTOMATIC	15DAYS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
117	988692	32	Male	2020029985	18/3/2021	NO	HCV RELATED,AntiHCV Ab+	Feb-21	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NAUSEA
118	51413	72	Female	2020029888	17/3/2021	NO	HBV RELATED ,HBsAg+, HBV DNA+	Mar-21	SYMPTOMATIC	15DAYS	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
119	1127712	59	Male	2021031325	25/3/2021	NO	ALCOHOL	Mar-21	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	YES	NO	NO
120	1122387	55	Male	2021031459	26/3/2021	NO	NASH	Mar-21	SYMPTOMATIC	6MONTHS	NO	YES	YES	NO	NO	NO	NO	YES	NO	NO	YES	YES	NO
121	998521	63	Male	2021032007	29/03/2021	NO	ALCOHOL	Mar-21	SYMPTOMATIC	6MONTHS	NO	YES	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO
122	996728	56	Male	2021031184	25/03/2021	TYPE 2DM,HTN	NASH	Mar-21	SYMPTOMATIC	2MONTHS	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
123	1127250	62	Male	2020056291	03-01-2021	TYPE 2DM,HTN	HCV RELATED,AntiHCV Ab+	Mar-21	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
124	1131084	51	Female	2021032683	03-02-2021	TYPE 2DM,HTN	HCV RELATED,AntiHCV Ab+	Mar-21	SYMPTOMATIC	2MONTHS	YES	YES	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO
125	1129705	68	Female	2021032090	30/03/2021	TYPE 2DM,HTN	NASH	Mar-21	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
126	57583	65	Male	2021033372	03-06-2021	TYPE 2DM,HTN	HCV RELATED,AntiHCV Ab+	Mar-21	SYMPTOMATIC	6MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
127	1096604	82	Male	OPD	OPD	TYPE 2DM,HTN	CRYPTOGENIC CIRRHOSIS	Feb-21	SYMPTOMATIC	10MONTHS	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO

Sr. No.	MRD NO	PAST HISTORY	FAMILY HISTORY	ALCOHOL	SMOKING	OPIUM ABUSE	OTHER DRUG	DIETARY HABITS	PULSE (min)	SBP (mmHg)	DBP (mmHg)	RR (min)	TEMP (F)	WEIGHT (Kg)	height (m)	BMI (Kg/m2)	GENERAL PHYSICAL EXAMINATION (GPE)	PERIPHERAL SIGNS OF CLD	INSPECTION	PALPATION	PERCUSSION
104	428361	HEPATITIS C RELATED CLD FROM 5 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	14	98	58	1.3	24	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
105	495332	ALD CLD FROM 10 YEAR	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	110	70	18	98	73	1.7	24.3	PALLOR,ICTERUS	ABSENT	DISTENDED	SPLENOMEGALY	SHIFTING DULLNESS
106	1055890	HEPATITIS C RELATED SINCE 7 YEARS,POST SVR 2018	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	120	80	18	98	70	1.6	25.9	PALLOR,ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
107	707389	NASH CLD SINCE 5YRS	NOT RELEVANT	NO	NO	NO	NO	VEG.	73	110	70	16	97	95	1.8	29.3	PALLOR,ICTERUS	ABSENT	DISTENDED	SPLENOMEGALY	NO DULLNESS
108	1021520	HEPATITIS C FROM 5 YEARS (POST SVR)	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	14	98	75	1.8	23.15	PALLOR,ICTERUS	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
109	1019147	CLD (NASH) FROM 5 YEARS, JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	14	98	74	1.7	24.3	PALLOR,ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
110	1027024	ALD, CLD FROM 7 YEARS, JAUNDICE, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	110	70	18	98	73	1.7	24.3	PALLOR,ICTERUS	GYNAECOMASTIA	ABSENT	SPLENOMEGALY	NO DULLNESS
111	1017668	ALD CLD SINCE 4YRS	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	84	120	80	24	99	73	1.7	24.3	ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
112	1018474	NASH CLD SINCE 5YRS	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	110	70	18	98	65	1.7	22.49	PALLOR,ICTERUS	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
113	433570	HCV RELATED (POST SVR) FROM 5 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	77	110	70	18	98	54	1.3	18.6	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
114	918203	NASH RELATED CLD	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	120	80	22	97	58	1.5	24	PALOR, ICTERUS, OEDEMA	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
115	1042406	HEPATITIS B CLD RELATED	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	120	70	18	98	65	1.7	22.4	PALLOR,ICTERUS	DUPTRYEN'sCONTRACTURE	ABSENT	NO ORGAN PALPABLE	SHIFTING DULLNESS
116	1055415	ALD CLD FROM 7 YEARS (SVR 2020)	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	74	110	70	18	98	70	1.6	25.9	PALLOR	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
117	988692	HEPATITIS C RELATED CLD SINCE 2 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	18	97	65	1.7	22.49	PALLOR,ICTERUS	PALMAR ERYTHEMA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
118	51413	HEPATITS B RELATED CLD FROM 25 YEARS, INTERMITTENT JAUNDICE, BLOOD TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	140	90	24	98	73	1.7	24.3	PALLOR	ABSENT	DISTENDED	SPLENOMEGALY	SHIFTING DULLNESS
119	1127712	ALCOHOL RELATED CLD FROM 5 YEARS	NOT RELEVANT	YES	NO	NO	NO	VEG.	84	130	80	24	98	70	1.6	25.9	PALOR, ICTERUS, OEDEMA	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
120	1122387	NASH RELATED CLD	NOT RELEVANT	NO	NO	NO	NO	VEG.	64	140	90	16	98	58	1.5	24.5	PALOR, ICTERUS, OEDEMA	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
121	998521	ALD SINCE 10 YEARS	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	140	90	14	98	73	1.7	24.3	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
122	996728	NASH RELATED LIVER DISEASE SINCE 10 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	74	150	90	14	98	58	1.9	19	ABSENT	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
123	1127250	HEPATITIS C RELATED CLD FROM 5 YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	24	98	65	1.7	22.4	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	FLUID THRILL
124	1131084	HEPATITIS C RELATED CLD FROM 20 YEARS (POST SVR YEAR 2014)	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	120	70	14	98	65	1.7	22.4	ABSENT	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
125	1129705	NASH RELATED CLD SINCE 3YRS	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	140	90	14	98	54	1.3	18.6	ABSENT	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
126	57583	HEPATITIS C RELATED CLD FROM 5 YEARS, BLOOD TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	72	120	80	14	98	54	1.3	18.6	ABSENT	GYNAECOMASTIA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
127	1096604	CRYPTOGENIC CIRRHOSIS	NOT RELEVANT	NO	NO	NO	NO	VEG.	70	110	70	18	98	70	1.6	25.9	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS

Sr. No.	MRD NO	AUSCULTATION	CHEST	CNS	CVS	Hb(gm%)	PCV(%)	MCH(pg)	MCV(ft)	MCHC(gm%)	TLC(mm3)	DLC (P/M/L/E %)	PLATELETS (mm3)	TOTAL BILIRUBIN (mg%)	DIRECT BILIRUBIN	SGOT(U/L)	SGPT(U/L)	ALP(U/L)	TOTAL PROTEIN (gm%)	SERUM ALBUMIN (gm%)	PTI/INR	SERUM CREATININE (mg%)	UREA(mg%)	Na	K	cl(meqL)
104	428361	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	11.6	46	30	93	33	22	69/10.5/16/3	180	2.4	1.9	229	147	110	7.5	3.8	1.6	0.55	42	135	3.5	110
105	495332	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.6	26.4	29	91	31	35	7.8/8.3/9.8/.3	180	3.16	1.24	134	48	110	6.4	2.81	1.88	1.52	54	134	5	110
106	1055890	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	9.6	30.8	36	114	30.7	6.8	70/8/31/.8	90	1.61	1.56	102	118	58	6.1	2.3	1.36	0.69	24	135	3.8	110
107	707389	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.2	40	24	86.2	30	9.8	58/10/20/3.7	120	12	11	69	474	799	8.1	3.8	2.2	2.04	121	129	5.26	94
108	1021520	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	15.2	40	32	110	33	7.8	69/10.5/16/3	120	20.21	16.23	74	33.1	174	5.9	2.56	2.2	0.35	42	128	3.5	112
109	1019147	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	11.7	34.9	28.7	88.5	32.6	7.7	73/10/13/2	247	0.01	1.6	82	168	263	6.5	2.9	1.35	0.35	42	128	5.3	111
110	1027024	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.6	30.8	36	114	30.7	6.8	70/8/31/.8	190	2.3	1.5	61	46	167	7.5	3.6	1.89	1.36	89	128	3.5	110
111	1017668	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.8	30.7	32	103	31.7	6.3	60/8/31/1.4	180	0.39	0.1	19	80	141	7.2	2.94	1.06	0.63	42	130	4.8	110
112	1018474	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.6	30.8	30	114	30.7	6.8	70/8/31/.8	190	5.82	5.5	55	164	284	6.8	2.15	1.57	0.35	42	127	3.5	93
113	433570	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.6	26.4	29.7	91.1	32.6	3.5	70/8/31/.8	44	1.36	0.6	97	40	203	6	2.2	2.12	3.85	239	131	5.9	112
114	918203	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	15.2	40	32	116	33	7.8	69/10/16/3	120	3.82	2.39	67	26	108	5.5	2.8	2.1	0.94	50	138	3.8	108
115	1042406	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	11.5	35.4	25.3	85.3	32.6	6.91	73/11/14.2/.1	150	8.3	7.1	172	79	178	7.9	2.1	2.57	0.77	40	126	3.5	10
116	1055415	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.7	34.9	28.7	88.5	32.6	7.2	73/10/13/2	347	1.69	0.69	206	396	184	6.1	2.9	1.75	0.68	73	135	3.5	110
117	988692	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.4	14.5	30	114	30.7	6.8	70/8/31/0.8	235	0.45	0.34	65	48	157	6.8	2.8	1.5	0.62	42	133	3.5	114
118	51413	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	11	32.8	26.9	79.8	33	7.8	66/10.9/20.9/1.1	152	10.39	8.29	44	66	110	5.8	2.7	2.4	6.61	40	129	96	3.1
119	1127712	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	7.5	30.8	36	114	30.7	6.8	70/8/30/0.8	225	27.25	1.2	1789	417	370	5.9	3.2	4.24	4.26	179	137	5.13	95
120	1122387	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.8	28	25.8	73.5	35.1	9.7	85/6.8/7.3/0.2	134	25.33	17.34	83	29	35	6.4	2.82	1.24	0.65	50	134	3.5	10
121	998521	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	9.2	29.5	28.7	91.6	12.9	1.6	63/24/10.2/1.8	180	10	5.28	61	32	532	6.2	4.05	1.2	1.48	56	132	4.3	96
122	996728	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.6	27.4	29.7	91	32.6	4.8	78/83/9.8/3	49	0.56	0.12	50	11	138	5.33	2.55	1.5	2.69	78	133	5.6	108
123	1127250	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	7.5	22.6	32.1	97.1	33	11.3	21/10.1/0.6/0.2	110	2.39	0.91	578	224	187	7.5	2.69	1.19	1.44	84	129	5.32	97
124	1131084	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	6.4	16.6	33.1	113.7	29	27	63.5/30.2/5.4/0.3	207	2.01	2.83	146	696	151	6.8	3.33	1.39	1.34	67	134	5	94
125	1129705	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	8.8	30	22.6	76.9	29.4	25.3	80/9.1/9.3/1.2/0.3	207	0.79	0.54	19	14	201	4.4	1.6	1.8	1.45	73	132	3.65	103
126	57583	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	5.8	18	29.8	93.4	31.9	19	90.3/8/0.6/0.8	83	1.82	1.38	201	40	75	5	1.86	1.2	2.95	87	130	5.03	104
127	1096604	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	7.9	24.6	9.1	29	32	9.9	74.3/12.6/9.2/3.5	230	0.81	0.38	38	34	96	5.8	2.68	1.35	2.71	49	144	4.13	115

Sr. No.	MRD NO	HBsAg positive	AntiHBc (IgM/IgG)	HBV DNA PCR	HBV viral load	HCV infection-AntiHCV antibody	HCV RNA (PCR)	Anti HIV	AFP LEVELS	UGIE PROFILE	USG WA	USG APPEARANCE OF HCC	CT APPEARANCE OF HCC	NUMBER OF LESIONS	EXTRAHEPATIC SPREAD OF HCC	DISTRIBUTION OF HCC	SIZE OF HCC	VASCULAR INVASION
104	428361	0.18	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.5	18000	22	70	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	BILOBAR	1.2CM	NO
105	495332	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.4	NOT APPLICABLE	0.3	90	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	5.2CM	MPV
106	1055890	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	110	TARGET NOT DETECTED	0.9	150	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO OR THREE	NO	RIGHT	7.2CM	NO
107	707389	0.5	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.9	NOT APPLICABLE	0.5	50	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	TWO	NO	RIGHT	4CM	NO
108	1021520	0.36	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	54.92	TARGET NOT DETECTED	0.1	120	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL , HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	4CM	MPV
109	1019147	0.6	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.6	NOT APPLICABLE	0.3	560	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HYPODENSE	MULTINODULAR	NO	LEFT	4CM	NO
110	1027024	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.23	NOT APPLICABLE	0.1	300	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	TWO OR THREE	NO	RIGHT	2.5CM	NO
111	1017668	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	25.05	-	0.8	200	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	3.4CM	NO
112	1018474	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.6	NOT APPLICABLE	0.9	600	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	6CM	NO
113	433570	0.09	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	11.33	TARGET NOT DETECTED	0.9	170	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	LEFT	8CM	MPV
114	918203	0.03	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.1	45	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	8CM	MPV
115	1042406	3200	NOT DONE	NOT DETECTABLE	NOT DONE	0.3	NOT APPLICABLE	0.23	600	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	8CM	NO
116	1055415	0.49	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	62.45	TARGET NOT DETECTED	0.9	110	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HYPODENSE	MULTINODULAR	NO	RIGHT	4.3CM	NO
117	988692	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	23	TARGET NOT DETECTED	0.1	110	GASTRIC VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	3.6CM	NO
118	51413	250	NOT DONE	132*1000000	NOT DONE	0.2	NOT APPLICABLE	0.1	110	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	LEFT	2.3CM	NO
119	1127712	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.3	450	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	4.6CM	NO
120	1122387	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.7	NOT APPLICABLE	0.4	45	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	3.4CM	MPV,SMV
121	998521	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.2	8	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	8.5CM	MPV
122	996728	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.1	120	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HYPODENSE	THREE OR MORE	NO	RIGHT	5.8CM	MPV
123	1127250	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	250	TARGET NOT DETECTED	0.29	210	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HYPODENSE	MULTINODULAR	NO	RIGHT	2.6CM	NO
124	1131084	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	250	TARGET NOT DETECTED	0.29	800	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	12.5CM	NO
125	1129705	0.34	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.1	200	PORTAL HYPERTENSIVE GASTROPATHY	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	2.3CM	NO
126	57583	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	250	TARGET NOT DETECTED	0.2	340	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	LEFT	2.5CM	NO
127	1096604	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.1	2.15	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HYPODENSE	MULTINODULAR	NO	BILOBAR	4CM	NO

Sr. No.	MRD NO	TRIPHASIC CT ABDOMEN	MRI ABDOMEN	LIVER BIOPSY	DATE	GRADE,HAI SCORE	FIBROSIS STAGE	BCLC STAGING	PERFORMANCE STATUS	Child Pugh score	MELD score	TREATMENT MODALITY (MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)	PROTOCOL	Date of commencemnet	Date of completion	SURVIVAL	NONSURVIVAL
104	428361	CLD WITH PORTAL HTN,LIRADS 5 LESION 1.2*1.2 cm IN SEGMENT 5, .8*0.8 cm LIRADS 4 IN SEGMENT 6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE 0	0	6/A	9	RADIOLOGICAL	MWA	04-09-2021	04-09-2021	YES	NO
105	495332	CLD WITH PORTAL HTN,LIRADS 5 LESION INFILTRATIVE HCC INVOLVING CAUDET LOBE OF LIVER, PVT 5.2*3cm IN SEGMENT 6, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	16	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
106	1055890	CLD WITH PORTAL HTN,LIRADS 5 LESION LARGE HETEROGENOUSLY ENHANCING LESION 7.2*4.1 cm IN RIGHT LOBE OF LIVER IN SEGMENT 6	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	11	MEDICAL	SORAFENIB	20/4/2021	20/42021	YES	NO
107	707389	CLD WITH PORTAL HTN,LIRADS 5 LESION MULTICENTRIC HCC 4*3cm IN SEGMENT 6 ,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	40	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
108	1021520	CLD WITH PORTAL HTN,LIRADS 5 LESION 4*2cm IN SEGMENT 5 WITH TUMOR THROMBOS, MULTIPLE LUNG NODULES LIKE METASTASIS, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	44	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
109	1019147	CLD WITH PORTAL HTN,LIRADS 5 LESION 4*2cm IN SEGMENT 4, 3*2.4cm LESIONS IN SEGMENT 6, NO PVT,HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	11	MEDICAL	SORAFENIB	02-08-2021	02-08-2021	YES	NO
110	1027024	CLD WITH PORTAL HTN,LIRADS 5 LESION 2.5*2.3cm IN SEGMENT 7,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	26	MEDICAL	SORAFENIB	20/02/2021	20/02/2021	YES	NO
111	1017668	CLD WITH PORTAL HTN,LIRADS 5 LESION3. 3*3.4 cmIN SEGMENT 2,INTERMEDIATE SIGNAL LEISON LIKELY HCC,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	5/A	14	RADIOLOGICAL	MWA	27/01/2021	27/01/2021	YES	NO
112	1018474	CLD WITH PORTAL HTN,LIRADS 5 LESION MULTICENTRIC WITH LARGEST 6*5 cm IN SEGMENT 6 IN RIGHT LOBE, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	10/C	42	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
113	433570	CLD WITH PORTAL HTN,LIRADS 5 LESION 5*8 cm IN SEGMENT 6, 2*3cm IN SEGMENT 4 WITH TUMOUR IN VEIN, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	11	MEDICAL	SORAFENIB	25/02/2021	CONTINUED	YES	NO
114	918203	CLD WITH PORTAL HTN,LIRADS 5 LESION MULTIFOCAL LARGEST 8*5 cm IN SEGMENT 6 IN BOTH LOBE GROSS ASCITES WITH TIV, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	11/C	43	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
115	1042406	CLD WITH PORTAL HTN,LIRADS 5 LESION 8*7.6cm IN SEGMENT 6, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	48	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
116	1055415	CLD WITH PORTAL HTN,LIRADS 5 LESION 4.2*4.3cm IN SEGMENT 5, 3*2.7cm IN CAUDAT LOBE OF LIVER, MODERATE ASCITES, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	16	MEDICAL	SORAFENIB	15/03/2021	15/03/2021	YES	NO
117	988692	CLD WITH PORTAL HTN,LIRADS 5 LESION 2.3*3.6cm IN SEGMENT 6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE A	0	6/A	11	RADIOLOGICAL	RFA	20/03/2021	20/03/2021	YES	NO
118	51413	CLD WITH PORTAL HTN,LIRADS 5 LESION 2.3*0.8cm IN SEGMENT 4, 4.3*2.3cm IN SEGMENT 6 and 2.2*0.7cm IN SEGMENT 2,3, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	14/C	24	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
119	1127712	CLD WITH PORTAL HTN,LIRADS 5 LESION 4.2*4.6cm IN SEGMENT 6,7 OF RIGHT LOBE, 2.6*2.7cm LESION IN LEFT ROW OF SEGMENT 6, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	22	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
120	1122387	CLD WITH PORTAL HTN,LIRADS 5 LESION HYPODENSE34*10mm IN SEGMENT 2, BLAND ECCENTRIC THROMBUS IN MAIN PORTAL VEIN EXTWENDING INTO PROXIMAL SMV, PORTO SPLENIC CONFLUENCE WITH PERITONEAL METASTASIS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	48	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
121	998521	CLD WITH PORTAL HTN,LIRADS 4 HYPODENSE LESION 8.5*8.4cm IN SEGMENT 4&8, 2*2.5cm LESION IN SEGMENT 7 WITH MAIN PORTAL VEIN THROMBOSIS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	28	MEDICAL	SORAFENIB	30/03/2021	30/03/2021	YES	NO
122	996728	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION , CIROHOSIS WITH PORTAL HTN, HEPATIC SOL IN RIGHT LOBE, HCL WITH PVT, THICK WALLED 5.8*3cm IN SEGMENT 6	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	11	MEDICAL	LENVATINIB	07-05-2021	CONTINUED	YES	NO
123	1127250	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 2.6*2.cm IN SEGMENT 6&7, 1.3*1.4cm LESION IN LIRADS3 IN SEGMENT 6, CIROHOSIS ARTERY PORTAL HTN	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	14	MEDICAL	SORAFENIB	03-02-2021	03-02-2021	YES	NO
124	1131084	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 12.5*1.3cm IN SEGMENT 6,7 OF LIVER SHOWS HETEROGENOUS ENHANCEMENT IN ARTERIAL PHASE WITH NECROTIC AREA ANS WASHOUT IN PORTAL VEIN AND DELAYED PHASE	NOT DONE	NOT DONE	NOT APPLICABLE	1,2	STAGE 4	STAGE C	1	7/B	14	MEDICAL	SORAFENIB	03-04-2021	04/032021	YES	NO
125	1129705	CLD WITH PORTAL HTN,LIRADS 5 LESION 2.3*2.1cm IN SEGMENT 6, LARGE HETEROGENOUS LOBULATED SUBHEPATIC MASS LESION ABUTTING INF MARGIN OF LIVER,	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	14	MEDICAL	SORAFENIB	31/03/2021	31/03/2021	YES	NO
126	57583	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION 2.5*2.3cm IN SEGMENT 2,CONSISTENT WITH HCC, NO VASCULAR THROMBOSIS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	8/B	11	MEDICAL	SORAFENIB	03-07-2021	03-07-2021	YES	NO
127	1096604	CLD WITH PORTAL HTN,LIRADS 5 LESION 4*2.5cm HYPODENSE LESION IN BILATERAL LIVER LOBE WITH NEUROSIS AND MODERATE ASCETIC	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	7/B	11	MEDICAL	SORAFENIB	15/03/2021	15/03/2021	YES	NO

Sr. No.	MRD NO	AGE	GENDER	ADMISSION NO	DATE OF ADMISSION	Comorbidities	DIAGNOSIS (ETIOLOGY RELATED CLD,HCC)	YEAR AND MONTH OF DIAGNOSIS	CLINICAL PRESENTATION	SYMPTOM DURATIN BEFORE HCC DIAGNOSIS	Abdominal pain/ discomfort	Abdominal swelling/ distension	Weight loss	Fever	Oedema feet	Decreased urine output	Jaundice	Generalized body weakness	Bleeding tendencies	Bony pains	Altered sensorium	GIT bleed	Others if any(including paraneoplastic manifestations)
128	29233	55	Female	OPD	OPD	TYPE 2DM,HTN	HCV RELATED,AntiHCV Ab+	Jan-21	SYMPTOMATIC	10MONTHS	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
129	1126532	71	Male	OPD	OPD	TYPE 2DM,HTN	NASH	Feb-21	SYMPTOMATIC	10MONTHS	NO	NO	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO	LOSS OF APETITE
130	1129163	67	Male	OPD	OPD	TYPE 2DM,HTN	ALCOHOL	Mar-21	SYMPTOMATIC	10MONTHS	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
131	803346	74	Male	OPD	OPD	TYPE 2DM,HTN	NASH	Feb-21	SYMPTOMATIC	1MONTH	YES	YES	YES	NO	NO	NO	YES	YES	NO	NO	YES	YES	NO
132	1120642	65	Male	OPD	OPD	TYPE 2DM,HTN	ALCOHOL	Feb-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
133	1045237	62	Male	OPD	OPD	TYPE 2DM,HTN	HCV RELATED HCV RNA+	Apr-20	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	YES	NO	YES	YES	NO	NO
134	636053	48	Male	OPD	OPD	TYPE 2DM,HTN	ALCOHOL+HCV RELATED HCV RNA+	May-20	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
135	1097132	64	Male	OPD	OPD	TYPE 2DM,HTN	HCV RELATED,AntiHCV Ab+	Jun-20	SYMPTOMATIC	2MONTHS	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
136	1113613	82	Male	OPD	OPD	TYPE 2DM,HTN	HBV+HCV ,HBV DNA +, HCV RNA+	May-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	LOSS OF APETITE
137	1096349	55	Male	OPD	OPD	TYPE 2DM,HTN	ALCOHOL	Apr-20	SYMPTOMATIC	6MONTHS	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
138	1134142	52	Male	OPD	OPD	TYPE 2DM,HTN	ALCOHOL	Mar-21	SYMPTOMATIC	6MONTHS	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
139	499353	63	Male	OPD	OPD	TYPE 2DM,HTN	HBV+HCV ,HBV DNA +,HCV RNA+	Jul-20	SYMPTOMATIC	2MONTHS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
140	1125630	74	Male	OPD	OPD	TYPE 2DM,HTN	ALCOHOL	Jun-20	SYMPTOMATIC	2MONTHS	YES	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	YES	NO
141	527890	73	Male	OPD	OPD	NO	HCV RELATED,AntiHCV Ab+	Mar-21	SYMPTOMATIC	2MONTHS	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
142	392419	52	Male	OPD	OPD	NO	HCV RELATED,HCV RNA+	Feb-21	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	YES	YES	NO
143	1148395	60	Male	OPD	OPD	NO	HCV RELATED,HCV RNA+	Feb-21	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO
144	1150429	62	Male	OPD	OPD	NO	ALCOHOL	Feb-21	SYMPTOMATIC	15DAYS	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	YES	NO	NO
145	1149674	59	Male	OPD	OPD	TYPE 2 DM ,HTN	ALCOHOL	21-Mar	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	YES	NO	YES	YES	NO	NO	YES	NO	NO
146	1122714	66	Male	OPD	OPD	TYPE 2 DM ,HTN	ALCOHOL	21-Mar	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
147	1121907	46	Male	OPD	OPD	TYPE 2 DM ,HTN	ALCOHOL	21-Mar	SYMPTOMATIC	1MONTH	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NAUSEA
148	1101856	64	Male	OPD	OPD	NO	ALCOHOL	21-Feb	SYMPTOMATIC	1MONTH	YES	YES	YES	NO	NO	NO	YES	YES	NO	NO	YES	YES	NO
149	1125629	56	Male	OPD	OPD	TYPE 2DM,HTN	CRYPTOGENIC CIRRHOSIS	21-Dec	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO
150	1105689	74	Female	OPD	OPD	TYPE 2DM,HTN	HCV RELATED,AntiHCV Ab+,HCV RNA+	20-Sep	SYMPTOMATIC	1MONTH	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO

Sr. No.	MRD NO	PAST HISTORY	FAMILY HISTORY	ALCOHOL	SMOKING	OPIUM ABUSE	OTHER DRUG	DIETARY HABITS	PULSE (min)	SBP (mmHg)	DBP (mmHg)	RR (min)	TEMP (F)	WEIGHT (Kg)	height (m)	BMI (Kg/m2)	GENERAL PHYSICAL EXAMINATION (GPE)	PERIPHERAL SIGNS OF CLD	INSPECTION	PALPATION	PERCUSSION
128	29233	HCV RELATED CLD FROM 10 YEARS POST SVR, H/O BLOOD TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	70	120	80	14	98	58	1.6	20	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
129	1126532	NASH RELATED CLD	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	68	140	80	14	98	65	1.7	22.4	PALLOR,ICTERUS	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	PUDDLE SIGN POSITIVE
130	1129163	ALD-CLD FROM 15 YEARS, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	52	110	70	14	98	54	1.3	18.6	PALLOR	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
131	803346	NASH RELATED CLD SINCE 7 YEARS, JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	VEG.	68	140	80	28	98	73	1.7	24.3	PALOR, ICTERUS, OEDEMA	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
132	1120642	ALD FROM 2 YEARS, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	VEG.	68	110	70	18	98	65	1.7	22.49	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
133	1045237	HEPATITIS C RELATED CLD FROM 10YEARS, BLOOD TRANSFUSION	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	78	140	90	24	98	73	1.7	24.3	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	SHIFTING DULLNESS
134	636053	HCV,ALD RELATED CLD FROM 7 YEARS	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	68	120	80	18	98	73	1.7	24.3	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
135	1097132	HCV RELATED CLD	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	120	80	18	98	58	1.8	20	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
136	1113613	HEPATITIS B ,HCV RELATED CLD FROM 10 YEARS, H/O NEEDLE PRICK INJURY PRESENT	NOT RELEVANT	NO	NO	NO	NO	VEG.	64	120	80	16	98	65	1.7	22.4	PALLOR	ABSENT	ABSENT	SPLENOMEGALY	NO DULLNESS
137	1096349	ALD/CLD FROM 10 YEARS, JAUNDICE, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	110	70	18	98	65	1.7	22.4	PALLOR	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
138	1134142	ALD FROM 7 YEARS, BLOOD TRANSFUSION, JAUNDICE	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	70	110	70	18	98	65	1.7	22.4	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
139	499353	HCV,HBV RELATED CLD	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	74	130	80	18	97	73	1.7	24.3	PALLOR,ICTERUS	ABSENT	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
140	1125630	ALD-CLD FROM 15 YEARS, BLOOD TRANSFUSION, JAUNDICE	NOT RELEVANT	Yes	NO	NO	NO	VEG.	64	110	70	18	98	54	1.3	18.6	PALOR, ICTERUS, OEDEMA	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
141	527890	HCV SINCE 20 YEARS, BLOOD TRANSFUSION, JAUNDICE	NOT RELEVANT	NO	NO	NO	NO	VEG.	68	140	80	18	98	65	1.7	22.49	PALLOR	ABSENT	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
142	392419	HCV CLD	NOT RELEVANT	NO	NO	NO	NO	NONVEG.	68	90	60	16	99	54	1.3	18.6	PALLOR,ICTERUS	DUPTRYEN'sCONTRACTURE	ABSENT	NO ORGAN PALPABLE	FLUID THRILL
143	1148395	HEPATITIS C RELATED CLD FROM 7 YEARS POST SVR 2014	NOT RELEVANT	NO	NO	NO	NO	VEG.	69	150	90	18	98	73	1.7	24.3	PALOR, ICTERUS, OEDEMA	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
144	1150429	ALD CLD SINCE 10 YEARS, JAUNDICE	NOT RELEVANT	Yes	NO	NO	NO	VEG.	74	110	70	28	98	70	1.6	25.9	PALOR, ICTERUS, OEDEMA	PALMAR ERYTHEMA	DISTENDED	NO ORGAN PALPABLE	FLUID THRILL
145	1149674	ALD CLD SINCE 10 YEARS, JAUNDICE,BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	70	140	90	18	98	70	1.6	32	PALOR, ICTERUS, OEDEMA	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
146	1122714	ALD CLD SINCE 10YEARS,JAUNDICE	NOT RELEVANT	Yes	NO	NO	NO	VEG.	72	110	70	14	98	54	1.3	31	PALLOR	GYNAECOMASTIA	ABSENT	NO ORGAN PALPABLE	NO DULLNESS
147	1121907	ALD CLD SINCE 10YEARS,JAUNDICE,BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	70	110	70	14	98	54	1.3	28	PALLOR	DUPTRYEN'sCONTRACTURE	DISTENDED	NO ORGAN PALPABLE	NO DULLNESS
148	1101856	ALD, CLD FROM 15 YEARS, JAUNDICE, BLOOD TRANSFUSION	NOT RELEVANT	Yes	NO	NO	NO	NONVEG.	72	110	70	12	98	65	1.7	22.49	PALOR, ICTERUS, OEDEMA	SPIDER NEVI	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
149	1125629	CLD FROM 10YEARS	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	24	98	65	1.7	22.9	PALLOR	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS
150	1105689	HCV CLD	NOT RELEVANT	NO	NO	NO	NO	VEG.	72	110	70	14	98	73	1.7	24.3	PALOR, ICTERUS, OEDEMA	ABSENT	DISTENDED	NO ORGAN PALPABLE	SHIFTING DULLNESS

Sr. No.	MRD NO	AUSCULTATION	CHEST	CNS	CVS	Hb(gm%)	PCV(%)	MCH(pg)	MCV(ft)	MCHC(gm%)	TLC(mm3)	DLC (P/M/L/E %)	PLATELETS (mm3)	TOTAL BILIRUBIN (mg%)	DIRECT BILIRUBIN	SGOT(U/L)	SGPT(U/L)	ALP(U/L)	TOTAL PROTEIN (gm%)	SERUM ALBUMIN (gm%)	PTI/INR	SERUM CREATININE (mg%)	UREA(mg%)	Na	K	cl(meqL)
128	29233	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	10.1	29.9	93.9	31.8	33.8	2.3	63.7/12.3/10.1/3.4	41	2.14	1.1	31	16	104	6.8	3.75	1.47	0.75	25	141	3.69	105
129	1126532	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	10.3	31	30.2	91.1	33	6.6	39.1/50.9/7.5/2.5	130	5.94	5.51	69	36	652	6.2	2.03	1.18	2.15	10	141	3.69	105
130	1129163	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	13.7	42.8	23	71.8	32	15.8	74.2/14.7/11/.1	66	1.65	0.63	346	223	92	7.1	3.91	1.18	0.89	18	176	4.64	93
131	803346	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	14.8	40	32	116	33	7.8	6.9/105/16/3	140	21.3	10.3	138	80	364	7.1	2.85	3.1	0.68	35	137	5.02	101
132	1120642	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	11.6	33.9	34.3	100	34	2.3	54.6/35/10.1/0.9	70	0.65	0.45	72	70	89	6.7	3.9	1.16	0.89	36	131	4.54	99
133	1045237	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	6.6	19	30.6	88	34.7	3.6	77/10.5/10.3/1.9	408	14	13	186	79	158	5.6	2.6	1.78	2.54	63	122	4.62	87
134	636053	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	12.3	37.2	29.9	90.2	33	5.4	47/34/9.3/7.9	100	1.61	0.83	117	86	407	7	4.2	1.27	0.91	28	138	4.4	105
135	1097132	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	9.6	27.4	29.7	91	32.6	4.8	78/83/9.8/3	48	0.56	0.12	50	71	138	5.3	2.5	1.5	2.69	78	133	5.6	65
136	1113613	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	9.4	27.8	30.7	90.9	33.8	15	76/10.5/10.5/1.8	297	1.4	1.28	161	71	427	4.4	2.06	1.8	1.45	41	131	4.2	99
137	1096349	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.3	34.6	29.9	91.7	32.6	10	82/7/6.7/3.4	112	1.7	0.42	62	50	29	5.9	2.87	1.89	0.65	26	139	3.4	101
138	1134142	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	11.6	36.1	26.8	83.2	32.2	4	61/23.7/10/4.8	120	1.36	0.34	103	79	109	7.7	3.8	1.31	0.5	17	137	4.24	100
139	499353	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	11.2	35.8	24.6	78.8	31.3	6	68.4/20/8.8/1.7	123	2.38	1.83	167	35	236	8	3.12	1.56	0.58	33	128	4.04	91
140	1125630	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 2	NORMAL S1,S2	8.3	24.2	31.3	91.8	34.1	30.3	73/16/8.5/0.8	252	9.09	8.31	84	42	193	5.9	2.37	3.2	4.82	121	138	3.39	105
141	527890	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	11.9	35.4	29.9	89.2	33.6	7.3	46/39/7.7/4.7	152	0.49	0.1	129	308	122	7.8	4.14	1.09	1.9	49	142	4.59	104
142	392419	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	7.2	22.5	27.5	86.2	32	4.3	52/30.7/4.6/7.1	110	18.68	11.26	65	38	177	7.7	7.1	1.76	1.13	49	138	4.62	114
143	1148395	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.2	29.5	28	91.6	12.9	1.6	63/24/10/1.8	160	8	6.28	61	32	532	6.2	4.05	1.2	1.48	56	132	4.37	96
144	1150429	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	10.3	31.1	24.3	73	33.2	6.2	80.7/10/7.7/.7	130	17.2	10.53	41	23	140	7.4	3.47	3.06	2.28	160	118	3.67	86
145	1149674	HEPATIC BRUIT PRESENT	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	10.8	30.7	35.6	101.4	35.1	4.5	43.9/109/43.9/1.4	136	4.61	3.52	245	319	299	4.8	2.04	2.2	2.3	100	120	3.5	98
146	1122714	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	11.7	35.9	30	92.1	32.6	6.2	51.9/12.3/34.1/1.7	100	1.52	1.07	201	198	327	7.5	3.47	1.15	0.79	22	139	4	107
147	1121907	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HIGHER MENTAL FUNCTION NORMAL	NORMAL S1,S2	6.4	16.6	33	110	29	27.8	63/30/5.4/03	207	2.81	2.01	146	696	157	6.8	3.3	1.3	1.34	67	134	5	94
148	1101856	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	9.8	28	25.8	73.5	35.1	9.7	85/6.8/7.3/0.2	134	25.33	17.34	83	29	35	6.4	2.87	1.24	2.64	70	134	3.5	101
149	1125629	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 1	NORMAL S1,S2	10.3	31	30.2	91	33	6.6	39/50.9/7.5/2.3	130	5.99	5.5	69	16	651	6.2	2.03	1.18	1.23	66	128	3.5	101
150	1105689	NORMAL BS	BILATERAL NORMAL VESICULAR BREATH SOUNDS	HEPATIC ENVEPHALOPATHY GRADE 3	NORMAL S1,S2	6.6	19	30.6	88	34.7	13.6	72/10.5/10.2/1.5	408	14	13	86	799	158	5.6	2.6	2.78	2.54	63	122	4.62	87

Sr. No.	MRD NO	HBsAg positive	AntiHBc (IgM/IgG)	HBV DNA PCR	HBV viral load	HCV infection-AntiHCV antibody	HCV RNA (PCR)	Anti HIV	AFP LEVELS	UGIE PROFILE	USG WA	USG APPEARANCE OF HCC	CT APPEARANCE OF HCC	NUMBER OF LESIONS	EXTRAHEPATIC SPREAD OF HCC	DISTRIBUTION OF HCC	SIZE OF HCC	VASCULAR INVASION
128	29233	0.39	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	141.4	TARGET NOT DETECTED	0.13	444.7	GAVE	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	RIGHT	1.3CM	MPV,SMV
129	1126532	0.39	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.53	160	GAVE	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	SINGLE	NO	BILOBAR	4.2CM	NO
130	1129163	0.19	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.1	110	GAVE	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	5.6CM	NO
131	803346	0.3	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.1	110	GAVE	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HETEROGENEOUS	ONE	NO	RIGHT	7CM	NO
132	1120642	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.9	376	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC LESIONS	HYPOECHOIC	HYPODENSE	ONE	NO	RIGHT	5.2CM	NO
133	1045237	0.29	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	12000	0.9	800	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	ONE	NO	RIGHT	6CM	NO
134	636053	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.5	78000	0.1	321	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HYPODENSE	ONE	NO	LEFT	5.2CM	MPV
135	1097132	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	89	TARGET NOT DETECTED	0.1	203	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	5.6CM	NO
136	1113613	0.1	NOT DONE	567*100000	NOT APPLICABLE	0.3	100000	0.1	110	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HYPODENSE	MULTINODULAR	NO	RIGHT	5.3CM	NO
137	1096349	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.2	700	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HYPODENSE	MULTINODULAR	NO	BILOBAR	3.2CM	NO
138	1134142	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.1	210	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HYPODENSE	THREE OR MORE	NO	RIGHT	3.7CM	NO
139	499353	0.1	NOT DONE	289*100000	NOT APPLICABLE	0.8	2300000	0.1	89	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HETEROGENEOUS	MULTINODULAR	NO	LEFT	5.2CM	PV,IVC,HV
140	1125630	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.9	NOT APPLICABLE	0.1	120	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	6CM	NO
141	527890	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	78	TARGET NOT DETECTED	0.1	7	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	BILOBAR	12CM	NO
142	392419	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	60000	0.1	90	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	ONE	NO	RIGHT	6CM	NO
143	1148395	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.4	1800000	0.1	120	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL, HYPOECHOIC	HYPOECHOIC	HETEROGENEOUS	SINGLE	NO	RIGHT	7.9CM	NO
144	1150429	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.29	100	NOT DONE	CLD,PORTAL HTN,HEPATIC SOL,HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	TWO	NO	RIGHT	4.6CM	NO
145	1149674	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.1	NOT APPLICABLE	0.1	120	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPERECHOIC	HYPERECHOIC	HETEROGENEOUS	TWO	NO	RIGHT	6CM	NO
146	1122714	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.29	NOT APPLICABLE	0.29	56	ESOPHAGEAL VARICES	CLD,PORTAL HTN,HEPATIC SOL,HYPOECHOIC	HYPOECHOIC	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	4.3CM	NO
147	1121907	0.1	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.3	NOT APPLICABLE	190	78	ESOPHAGEAL VARICES	CLD.PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	RIGHT	6.7CM	NO
148	1101856	0.2	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.2	NOT APPLICABLE	0.2	200	ESOPHAGEAL VARICES	CLD.PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	LEFT	6CM	NO
149	1125629	0.8	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	0.9	NOT APPLICABLE	0.23	110	ESOPHAGEAL VARICES	CLD.PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HYPODENSE	MULTINODULAR	ADRENAL	BILOBAR	5.2CM	MPV
150	1105689	0.29	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	67	6700	3	300	ESOPHAGEAL VARICES	CLD.PORTAL HTN,HEPATIC SOL, HETEROGENEOUS	HETEROGENEOUS	HETEROGENEOUS	THREE OR MORE	NO	BILOBAR	3.2CM	MPV

Sr. No.	MRD NO	TRIPHASIC CT ABDOMEN	MRI ABDOMEN	LIVER BIOPSY	DATE	GRADE,HAI SCORE	FIBROSIS STAGE	BCLC STAGING	PERFORMANCE STATUS	Child Pugh score	MELD score	TREATMENT MODALITY (MEDICAL/SURGICAL/RADIOLOGICAL/CONSERVATIVE)	PROTOCOL	Date of commencemnet	Date of completion	SURVIVAL	NONSURVIVAL
128	29233	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION 1.1*1.3cm IN SEGMENT 8 OF RIGHT LOBE, BLAND AND NON OCCLUSIVE THROMBOSIS OF PV AND SMV, SIGNIFICANT ASCITIS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	42	MEDICAL	SORAFENIB	15/03/2021	15/03/2021	YES	NO
129	1126532	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION 4.2*3cm INFILTERATIVE HCC INVOLVING BOTH LOBE OF LIVER WITH TIV AND BILIARY INVASION, GROSS ASCITES	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	32	MEDICAL	SORAFENIB	25/07/2021	CONTINUED	YES	NO
130	1129163	CLD WITH PORTAL HTN,LIRADS 5NEOUS HETEROG LESION 5.6*4.5*4.6cm IN SEGMENT 5 OF RIGHT LOBE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	12	RADIOLOGICAL	TACE	07-01-2021	07-01-2021	YES	NO
131	803346	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 6*7cm IN BOTH LOBES, GROSS ASCITES	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	42	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
132	1120642	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	11	RADIOLOGICAL	RFA , MWA	17/6/2021	17/6/2021	YES	NO
133	1045237	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 6*4cm IN SEGMENT 6, MULTICENTRIC HCC	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	28	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
134	636053	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION 5.2*3cm IN SEGMENT 3, CIROHOSIS WITH PORTAL HTN, LARGE INFILTERATIVE HCC IN SEGMENT 7&8 IN PV	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	11	MEDICAL	REGORAFENIB	03-05-2021	CONTINUED	YES	NO
135	1097132	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION 5.6*5.7cm IN SEGMENT 6, 2.9*2.5cm LIRADS 5 LESION IN SEGMENT 4a, NO VASCULAR THROMBOSIS, MILD BILIARY	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	11	RADIOLOGICAL	TACE	17/6/2021	17/6/2021	YES	NO
136	1113613	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 5.3*3.1cm IN SEGMENT 8, SMALLER IN SSEGMENT 6&7	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	11	MEDICAL	SORAFENIB	28/2/2021	28/2/2021	YES	NO
137	1096349	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 3.2*2.8cm IN SEGMENT 6, LIRADS 3 LESION 2.8*2.2cm IN SEGMENT 2	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	11	MEDICAL	SORAFENIB	31/52021	31/5/2021	YES	NO
138	1134142	CLD WITH PORTAL HTN,LIRADS 5 LESION 3.7*3.5cm IN SEGMENT 7 WITH SLIGHT BULGING BEYOND LIVER CAPSULE INTO PLEURA ,HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	6/A	11	RADIOLOGICAL	MWA, LENVATINIB	15/7/2021	20/7/2021 AND 15/7/2021	YES	NO
139	499353	CLD WITH PORTAL HTN,LIRADS 5 HETEROGEENOUS LESION 5.2*1.3cm IN SEGMENT 4, CIROHOSIS WITH PORTAL HTN, LARGE INFILTERATIVE LIRADS-M LESION IN RIGHT LOBE INTO RIGHT HV, IVC, RA, PV-LRTIV WITH COLONIC SPREAD	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	22	MEDICAL	LENVATINIB	07-07-2021	CONTINUED	YES	NO
140	1125630	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION LARGEST 6*5cm MULTIPLE HPATIC LESIONS WITH OBSTRUCTIONS & IHBRD	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	41	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
141	527890	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESION 12*10cm IN BILATERAL LOBES	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	7/B	24	RADIOLOGICAL	TACE,LENVATINIB	25/6/2021 AND 24/6/2021	CONTINUED	YES	NO
142	392419	CLD WITH PORTAL HTN,LIRADS 5 LESION 6*5 cm IN SEGMENT 6 OF LIVER, HYPODENSE	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	42	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
143	1148395	CLD WITH PORTAL HTN,LIRADS 5 LESION 7.9*6.8 cm IN SEGMENT 6,7, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	1	8/B	24	MEDICAL	SORAFENIB	15/3/2021	15/3/2021	NO	NO
144	1150429	CLD WITH PORTAL HTN,LIRADS 5 HETEROGENEOUS LESION 4.4*4.6 cm IN SEGMENT 8 OF RIGHT LOBE, NO EVIDENCE OF PVT, REGINAL LYMPHADENOPATHY PRESENT	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	44	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
145	1149674	CLD WITH PORTAL HTN,LIRADS 1, LESION5*6cm IN SEFMENT 6,7, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	44	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	YES	NO
146	1122714	CLD WITH PORTAL HTN,LIRADS5 HETEROGENEOUS LESIONS3.4*3.4cm IN SEGMENT 5/8,MULTIFOCAL	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	7/B	14	RADIOLOGICAL	TACE	15/3/2021	15/3/21	YES	NO
147	1121907	CLD WITH PORTAL HTN,LIRADS 5 HETEROGEENOUS LESION LARGEST IN 6.7*5cm, INFITRATIVE HCC	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE B	0	7/B	14	MEDICAL	SORAFENIB	15/6/2021	CONTINUED	YES	NO
148	1101856	CLD WITH PORTAL HTN,LIRADS 5 HETROGENEOUS LESION LARGEST 6*4cm IN SEGMENT4,MULTIFOCAL	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	13/C	48	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES
149	1125629	CLD WITH PORTAL HTN,LIRADS 5 HYPODENSE LESIONS,MULTIFOCAL WITH TIV- PORTAL VEIN AND ADRENAL METASTASIS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE C	2	9/B	32	MEDICAL	REGORAFENIB	15/07/2021	CONTINUED	YES	NO
150	1105689	CLD WITH PORTAL HTN, LIRADS 5 LESION WITH TIV- - MAIN PV AND MULTIFOCAL HCC,LARGEST 8*6cm, HETEROGENEOUS	NOT DONE	NOT DONE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	STAGE D	>2	12/C	44	CONSERVATIVE	DECOMPENSATED CIRRHOSIS	-	-	NO	YES